



**SOMMERTON CONDOMINIUM ASSOCIATION, INC.
CHESAPEAKE, VA 23320**

RESIDENT INFORMATION FORM

Owner Name(s): _____

Property Address: _____

Alternate Address (if applicable): _____

City: _____ State: _____ Zip: _____

If using an alternate address, is this still a residence that you reside in either full or part-time? ____

If no, then who is residing in the unit? _____

Is this person a relative? ____ If so, what relation are they to you? _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

**TENANT INFORMATION
(IF YOU ARE LEASING YOUR UNIT)**

Resident Name(s): _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

(Please be sure to forward a copy of the Lease to The Select Group, Inc.)

If you retain the services of a leasing agent, please list the name, address and phone number:

***The information on this form is for office use only and will be held in strict confidence.**

Return completed form to The Select Group at the address or fax number provided below, or by email to cdoneff@theselectgroup.us