



## RESIDENT INFORMATION FORM

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email address: \_\_\_\_\_

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? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

### **Tenant Information** **(If you are leasing your unit)**

Resident Name(s): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Lease Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

**(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 strictest confidence.**

**Please return completed form to The Select Group at the address or fax number provided below  
or email to [ltucker@theselectgroup.us](mailto:ltucker@theselectgroup.us)**

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454  
(757) 486-6000 Fax: (757) 486-6988 email: [srobinson@theselectgroup.us](mailto:srobinson@theselectgroup.us) website: [www.selectgroup.us](http://www.selectgroup.us)