c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454 (757) 486-6000 fax: (757) 486-6988 email: select@theselectgroup.us or visit us at www.theselectgroup.us

RESIDENT INFORMATION FORM

Owner Name:			
Address:			
Alternate Address (if applicabl	e):		
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	ne unit?		
Is this person a relative? If so, what relation are they to you?			
Phone: (h)	(w)		_(c)
Email address:			
Emergency Contact:	Relationship:		
Phone: (h)	(w)		_(c)
Tenant Information (If you are leasing your unit)			
Resident Name(s):			
Phone: (h)	(w)		_(c)
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 strictest confidence.

Return completed form to the address or fax number above or email to jstrickland@theselectgroup.us