



# *Clover Meadows Condominium Homeowners' Association, Inc.*



## RESIDENT INFORMATION FORM

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

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

Alternate Mailing 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: (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 of the agent:

\_\_\_\_\_

\_\_\_\_\_

**\*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 provided below, or by email to:  
lcalvin@theselectgroup.us**