

c/o The Select Group, Inc. • 2224 Virginia Beach Boulevard, Suite 201 Virginia Beach, Virginia 23454 • (757) 486-6000 • fax: (757) 486-6988 email: aschools@theselectgroup.us • website: www.theselectgroup.us

RESIDENT INFORMATION FORM

Owner Name:		
Address:		
Phone: (h)	(w)	(c)
Alternate Address (if applicab	ole):	
City:	State:	Zip:
If using an alternate address,	is this still a residence that y	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	n are they to you?
Email address:		
		Relationship:
Phone: (h)	(w)	(c)
	Tenant Informa	
Resident Name(s):		
Phone: (h)	(w)	(c)
Email address:		
(Please be sure	to forward a copy of the le	ase to The Select Group, Inc.)
If you retain the services of a agent:	leasing agent, please list the	e name, address and phone number of the

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

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