

RESIDENT INFORMATION SHEET  
(MOVE IN)

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY IN ORDER FOR YOUR NAME TO BE PLACED ON ALL BUILDING RECORDS. ALSO, PLEASE ATTACH A COPY OF YOUR LEASE/CLOSING STATEMENT.

UNIT # \_\_\_\_\_

1ST RESIDENT'S SALUTATION(MR., MRS., MS.) PLEASE CIRCLE

1ST RESIDENT: NAME \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

2ND RESIDENT'S SALUTATION (MR., MRS., MS.) PLEASE CIRCLE

2ND RESIDENT: NAME \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT:

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

DO YOU NEED ADDITIONAL ASSISTANCE IN THE EVENT OF AN EMERGENCY?

YES \_\_\_ NO \_\_\_

TYPE OF ASSISTANCE REQUESTED: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THIS UNIT? PLEASE CHECK ONE OF THE FOLLOWING:**

INTERNET \_\_\_ NEWSPAPER \_\_\_ REALTOR \_\_\_ MANAGEMENT OFFICE \_\_\_

BLDG. EMPLOYEE \_\_\_ (IF BLDG. EMPLOYEE, PLEASE GIVE NAME \_\_\_\_\_).