



# Resident Registration/Information Sheet

LOT # \_\_\_\_\_

Primary Resident

\_\_\_\_\_  
First Name Last Name M.I.

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number Mobile Phone Number Marital Stat. Date of Birth

\_\_\_\_\_  
Email Address Driver License or State ID # State

Current Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Other persons who reside in this home

Name:	D.O.B.	Relation to the primary resident
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency the landlord should contact:

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

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

Home Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone No.: (\_\_\_\_\_) \_\_\_\_\_

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

Vehicle Information:

MAKE / MODEL	COLOR	YEAR	PLATE #	STATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**I VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO GIVE THE MANAGEMENT NOTICE OF ANY CHANGES IN THE ABOVE INFORMATION WITHIN 10 (TEN) DAYS OF THE CHANGE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PRIMARY RESIDENT