

## RESIDENT INFORMATION SHEET

COMMUNITY NAME:

Select One:☐ OWNER☐ TENANTProperty  
Address:

City:

State:

Zip:

MOVE IN DATE:

☐ NEW OWNER  
CLOSING DATE:☐ LEASE TERM

DATE: \_\_\_\_\_ TO \_\_\_\_\_

LEASE: \$ \_\_\_\_\_ SECURITY DEPOSIT

LEASE: \$ \_\_\_\_\_ MONTHLY

DEPOSIT PROVIDED

BY: ☐ OWNER  
☐ TENANT

Resident Name: (Last Name) \_\_\_\_\_ (First Name): \_\_\_\_\_

Home Phone:

Cell Phone:

Work Phone:

Email Address :

Resident Name: (Last Name) \_\_\_\_\_ (First Name): \_\_\_\_\_

Home Phone:

Cell Phone:

Work Phone:

Email Address :

Phone Number to be programed in call box (if applicable):

Mailing Address

(if different than Above Address):

City:

State:

Zip:

Country:

### LIST ALL OCCUPANTS LIVING IN THIS HOME

*All Occupants 18 Years of Age or Older MUST Complete a Separate Background Check Consent Form.*

Occupant Name

Date of Birth

Relationship (child, nanny, in-laws, etc.)

### PET INFORMATION (IF APPLICABLE)

Type/Breed:

Color:

Weight:

Name:

Tag #:

Tag Exp. Date:

Type/Breed:

Color:

Weight:

Name:

Tag #:

Tag Exp. Date:

Type/Breed:

Color:

Weight:

Name:

Tag #:

Tag Exp. Date:

### VEHICLE INFORMATION

Make

Model

Year

Color

Tag#

State

Bar Code/Decal #

ASSIGNED PARKING SPACES: # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

### EMERGENCY CONTACT

Name:

Relation:

Home  
Phone:Cell  
Phone:Work  
Phone:Email  
Address :

Address :

City:

State:

Zip:

Country:

### APPROVED VISITORS

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

I/We certify that the information provided for the above listed unit/residence is true and correct.

Signature:

Signature:

Print Name:

Print Name:

Date:

Date:

Please be advised that submittal of this form does not constitute an approval or authorization of registration. Thank you from the Miami Management Team!