

# Resident Information Form

Unit #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2nd Resident Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Couples only) Anniversary Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Automobile (Make/Model/Color): \_\_\_\_\_ License Plate #: \_\_\_\_\_

Are you willing to rent your carport (Yes/No)? \_\_\_\_\_

Do you have a pet (Yes/No)? \_\_\_\_\_ If so, how many/what kind? \_\_\_\_\_

Do you have a caregiver (Yes/No)? \_\_\_\_\_

## First Emergency Contact:

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Second Emergency Contact:

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_