RESIDENT INFORMATION SHEET

COMMUNITY NAME:	**Select One**: ☐ OWNER ☐ TENANT

Property 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):_____D.O.B___/____/_____

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

Resident Name: (Last Name) _____ (First Name):_____D.O.B___/____/_____

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:

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