

VILLA ROSARIO RESIDENT INFORMATION SHEET

(For the exclusive use of VRHA Management.

Please complete and return to the Resident Manager or place in the RM Drop Box.)

UNIT NUMBER _____ BUILDING _____ DATE _____

RESIDENT NAME _____
(first name) (last/family name)

MAILING ADDRESS _____

PHONE (home) _____ (work) _____ (ext.) _____
(cell phone) _____ (other cell) _____

EMAIL ADDRESS(ES) _____

DO YOU OWN THE UNIT YOU ARE RESIDING IN? _____

IF NOT, WHAT IS THE NAME, ADDRESS, AND PHONE # OF THE OWNER?

OWNER'S NAME _____

OWNER'S ADDRESS _____

OWNER'S PHONE #(s) _____

LIST ALL OTHER PEOPLE RESIDING IN THE SAME UNIT

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

IN CASE OF EMERGENCY CONTACT _____ PHONE(S) _____

VEHICLES :

	Make	Model	License Plate #	Color
1				
2				
3				

I _____ resident (owner/tenant) certify that the information provided is true. I have read & understood the House Rules and shall abide by them.

Signature _____ Date _____
(Homeowner) (Tenant)