

Tenant Information Form For _____

Rental Address

		PRIMARY TENANT	TENANT			
WORK	Name:					
	Employer:					
	Work Address:					
	Work Phone: ()					
HOME	Mailing Address (if different from property address):					
	City:	State:	ZIP:			
	Home Phone: ()					
	Cell Phone: ()	Cell Phone: ()				
	e-mail:	e-mail:				
EMERGENCY	Preferred method of contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> email					
	In case of emergency notify:					
	Name:	Relationship:				
	Address:	Phone: ()				
TENANTS	Please list all persons living in the home:					
	Name:	Name:				
	Name:	Name:				
	Name:	Name:				
VEHICLES	TYPE	Make	Model	Color	License Number	State
	<input type="checkbox"/> Auto <input type="checkbox"/> truck <input type="checkbox"/> other					
	<input type="checkbox"/> Auto <input type="checkbox"/> truck <input type="checkbox"/> other					
	<input type="checkbox"/> Auto <input type="checkbox"/> truck <input type="checkbox"/> other					
	<input type="checkbox"/> Auto <input type="checkbox"/> truck <input type="checkbox"/> other					

The above-stated information is accurate to the best of my/our knowledge. I/We acknowledge that this information will be given to the homeowner's association for the area where we live. I/We will inform Charles Kitchen Realty of any changes or updates as they occur.

SIGNED: _____
Tenant

SIGNED: _____
Tenant

DATE: _____

DATE: _____