

TENANT INFORMATION



Apartment # _____ Move-in Date: _____ Date Form Completed: _____

Tenant: _____ Tenant: _____

Occupant: _____ Occupant: _____

Children's Names: _____ Age: _____

Pets: _____

Contact Information:

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Tenant Insurance Information:

Insurance Company: _____

Policy Number: _____ Expiry Date: _____

Vehicle # 1

Make : _____ Year: _____ Colour: _____ Plate # _____ Space # _____

Vehicle # 2

Make : _____ Year: _____ Colour: _____ Plate # _____ Space # _____

Emergency Assistance Needed: Yes No

If yes, please provide name of Person Requiring Assistance: _____

Reason Assistance Required: _____

Emergency Contacts:

1. Name: _____ Phone: _____

Relationship: _____ E-Mail: _____

2. Name: _____ Phone: _____

Relationship: _____ E-Mail: _____