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RENTAL INFORMATION UPDATE

TENANT: Please complete the following and return it to the office with your next rent payment.

Address:_____ Current Home Phone: _____

Tenant Name #1	Tenant Name #2	Tenant Name #3
Employer	Employer	Employer
Work Phone	Work Phone	Work Phone
Cell Phone:	Cell Phone	Cell Phone
E-mail:	E-Mail:	E-mail:

*Attach additional pages if necessary

Names and Ages of **ALL** occupants

NAME	AGE	NAME	AGE

Vehicles

Make	Model	Color	License Plate # & Expiration Date

Do you have any animals? _____ If so: list # and types: _____

Do you have renter's insurance? _____ If so: list Insurance Company, phone # and policy #:
_____

Are you a military service member? _____ or Dependent?_____
If so, name of service member: _____ Relationship: _____
Active duty? _____ Reserves? _____ Retired? _____ If so, what year? _____

In the event of an emergency, contact:_____ Phone_____

I/We certify that to the best of my/our knowledge all statements are true and complete.

_____ _____
Tenant signature date Tenant signature date