



Riverbend

At Leisure World Condominium

2014 RESIDENT INFORMATION

PLEASE COMPLETE AND RETURN TO THE MANAGEMENT OFFICE (THIS FORM IS FOR OFFICE USE ONLY)

Resident Owner One: _____ *Date of Birth: _____

Resident Owner Two: _____ *Date of Birth: _____

Home Phone: _____ Work #: _____ Other #: _____

Unit#: _____ Storage Room #: _____ Storage Bin# _____ Parking Space #: _____

Own: _____ Rent: _____

Name of Owner: _____ Home Phone: _____
(if unit is rented)

Address: _____ Work Phone: _____

_____ Lease Dates (from): _____ (to): _____

Car #1 Make: _____ Year: _____ License #: _____ Decal#: _____

Car #2 Make: _____ Year: _____ License #: _____ Decal#: _____

Pet Type: _____ Color: _____ Vac. Rec.: _____ Tag#: _____ Name: _____

Weight: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Alternate Phone: _____

HANDICAP INFORMATION:

Name: _____ Handicap: _____

Prepared by: _____ Date: _____
(signature)

Move in date: _____

*The Federal and Virginia Fair Housing Acts REQUIRE this.