

**Riverbend**  
**At Lansdowne Woods Condominium**  
**2019 RESIDENT INFORMATION**

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

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Resident One: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Resident Two: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Unit#: \_\_\_\_\_ Storage Room #: \_\_\_\_\_ Storage Bin# \_\_\_\_\_ Parking Space #: \_\_\_\_\_

Own: \_\_\_\_\_ Rent: \_\_\_\_\_

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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: \_\_\_\_\_ Policy Resolution #10 -Pet Policy (**Registration form is on back**)

**EMERGENCY CONTACT (s):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**HANDICAP INFORMATION:**

Name (s): \_\_\_\_\_ Handicap: \_\_\_\_\_

In the event of an emergency evacuation would all residents be able to exit the building by using the stairs without assistance? Yes \_\_\_ or No \_\_\_

Why? \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

*(signature)*

Move in date: \_\_\_\_\_

\*The Federal and Virginia Fair Housing Acts REQUIRE this.

November 20, 2018