



Apartment Num. _____

Residents Registry

Resident's name(s):

Resident A: _____

Resident B: _____

Mailing Address: _____

Resident A:	Cellphone Number: _____
	Email Address: _____

Resident B:	Cellphone Number: _____
	Email Address: _____

Name of a family member that does not live with you and that we can contact in case of emergency: _____ Telephone: _____

Are there going to be kids in the apartment? **Yes** (Ages: _____) **No**

Are there going to be pets in the apartment? Yes No

Type of pets, breed and number: _____

How many cars will be accessing the parking lot? _____

Provide make, model and plaque number of cars:

Vehicle 1: _____

Vehicle 2: _____

Signature of Resident Providing the Information:

_____ Date: _____

**** PLEASE PROVIDE COPY OF YOUR LEASE DOCUMENTS AND YOUR PHOTO ID ****