



## **OWNER INFORMATION and UPDATE FORM**

It is important that the information we have in your file and in our software program is current and up to date. Please complete this form thoroughly printing clearly. *In order to complete the Property Management Agreement, we must have an e-mail address for each person signing the contract. We need one email designated as the address to receive the monthly emailed statements (we can only send the statement to one email address. It is important that this form be updated should any of your information change.*

### **CONTACT INFORMATION**

OWNER (1) FULL NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OWNER (2) FULL NAME (if applicable): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTACT PERSON (if other than owner): \_\_\_\_\_

LLC OR CORP NAME (if applicable): \_\_\_\_\_

CONTACT PERSON (if "group owned"): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\*E-MAIL ADDRESS FOR STATEMENT: \_\_\_\_\_

### **PHONE CONTACT INFORMATION (Please label the cell numbers & let us know the BEST contact number to try first)**

HOME PHONE: \_\_\_\_\_ CELL PHONE #1: \_\_\_\_\_

CELL PHONE #2: \_\_\_\_\_ ALT #: \_\_\_\_\_

### **RENTAL DWELLING INSURANCE INFORMATION**

INSURANCE COMPANY NAME: \_\_\_\_\_

INSURANCE COMPANY PHONE: \_\_\_\_\_

*\*Please be sure your Insurance Agent sends Select Homes the coverage Declarations Page Annually with Select Homes listed as additional insured.*

OWNER (1) SIGNATURE: \_\_\_\_\_

OWNER (2) SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_