

HOMEOWNER INFORMATION FORM

Please complete the following information form and return to the Management Office as soon as possible.
This information will be kept confidential and used for emergency purposes as needed.

Homeowner's Legal Names:		
Home Address:		
Home Phone Number:	Work Number:	Cell Number:
Email Address:		
Tenant(s) Names(s) [If Applicable]		
Lease Expiration Date:		
Tenant Home Phone:	Work Number:	Cell Number:

Emergency Contact Name:	Phone Number:
Emergency Contact Name:	Phone Number:

CHILDREN INFORMATION (IN NON AGE RESTRICTED COMMUNITY)

Name:	Age:
Name:	Age:
Name:	Age:

VEHICLE INFORMATION

No. 1 Make:	Model:	
Owner's Name:	Color:	
License Plate No:	State:	Registration Date:
No. 2 Make:	Model:	
Owner's Name:	Color:	
License Plate No:	State:	Registration Date:
No. 3 Make:	Model:	
Owner's Name:	Color:	
License Plate No:	State:	Registration Date:

MORTGAGE INFORMATION (REQUIRED FOR YEARLY UPDATED INSURANCE CERTIFICATES)

Name of Mortgage Company:	Loan No:
Address:	
Telephone Number:	Fax Number:

Please return this completed form to MEM Property Management
3 Executive Drive, Suite 350, Somerset, New Jersey 08873
Telephone: (732) 296-6660 Fax: (732) 356-1444