

TENANT INFORMATION FORM

If your unit is rented, please complete the following form and return it to the Kings Grant Maintenance Association, 21 Kings Grant Drive, Marlton, NJ 08053; or drop it at the Association office.

HOMEOWNER'S FULL NAME(S) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS (Day) _____ (Evening) _____

PHONE NUMBERS (Day) _____ (Evening) _____

TENANT'S FULL NAME(S) _____

PROPERTY ADDRESS _____

PHONE NUMBERS (Day) _____ (Evening) _____

PHONE NUMBERS (Day) _____ (Evening) _____

MAILING ADDRESS (if different from above) _____

CITY _____ STATE _____ ZIP _____

DATE OF LEASE _____

LIST FULL NAMES OF ALL PERSONS RESIDING IN UNIT:

(PLEASE CHECK IF UNDER THE AGE OF 18)

- | | |
|---------------|-------|
| 1. NAME _____ | _____ |
| 2. NAME _____ | _____ |
| 3. NAME _____ | _____ |
| 4. NAME _____ | _____ |

AUTO#1: YEAR _____	MAKE _____	COLOR _____	TAG _____
AUTO#2: YEAR _____	MAKE _____	COLOR _____	TAG _____

PETS: RULE STATES (1) DOG AND/OR (2) CATS

(1) DOG: BREED _____	COLOR _____
(1) CAT: BREED _____	COLOR _____
(2) CAT: BREED _____	COLOR _____

IN CASE OF EMERGENCY, CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE NUMBER (Day) _____ (Evening) _____