

# COLLEGE SQUARE CONDOMINIUM ASSOCIATION

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## TENANT INFORMATION SHEET

### OWNER INFORMATION

|                   |  |
|-------------------|--|
| OWNER NAME:       |  |
| PROPERTY ADDRESS: |  |
| MAILING ADDRESS:  |  |
| CITY, STATE, ZIP: |  |
| TELEPHONE:        |  |
| CELL PHONE:       |  |
| EMAIL ADDRESS:    |  |

### PROPERTY MANAGEMENT

|                           |  |
|---------------------------|--|
| PROPERTY MANAGEMENT FIRM: |  |
| MANAGER'S NAME:           |  |
| MANAGER'S ADDRESS:        |  |
| MANAGER'S TELEPHONE:      |  |
| MANAGER'S EMAIL:          |  |

### TENANT INFORMATION

|                 |  |
|-----------------|--|
| TENANT NAME:    |  |
| TENANT NAME:    |  |
| HOME TELEPHONE: |  |
| WORK TELEPHONE: |  |
| CELL PHONE:     |  |
| EMAIL ADDRESS:  |  |

**LEASE TERM:** FROM \_\_\_\_\_ TO \_\_\_\_\_

### EMERGENCY CONTACT

|                        |  |
|------------------------|--|
| NAME:                  |  |
| ADDRESS:               |  |
| CITY, STATE, ZIP CODE: |  |
| TELEPHONE:             |  |

**THIS APPLICATION HAS TO BE COMPLETED AND RETURNED TO ATLANTIC COMMUNITY MANAGEMENT WITHIN TEN (10) DAYS FROM THE SIGNING OF YOUR LEASE**

I ACKNOWLEDGE RECEIPT OF THE COLLEGE SQUARE CONDOMINIUM RULES & REGULATIONS

TENANT NAME: \_\_\_\_\_

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

TENANT NAME: \_\_\_\_\_

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