

# Coldwater Crossing Tenant Information Form/Check List

This must be completed and returned to the management office any time a unit is rented.

Landlord Name: \_\_\_\_\_

Landlord Off-site mailing address: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Leaseholder Name(s): \_\_\_\_\_

Residents not on lease (minors/children):

Name & DOB: \_\_\_\_\_ Name & DOB: \_\_\_\_\_

Name & DOB: \_\_\_\_\_ Name & DOB: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

Color & Pate #: \_\_\_\_\_ Color & Pate #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

---

Has your landlord provided you with a copy of the community Rules & Regulations?:      Y      N

Pet Registration Form submitted to office?:    Y      N      N/A

Swipe cards obtained from landlord?(\$25/each to replace):    Y      N

Mailbox key obtained from landlord?:      Y      N

Parental Consent for fitness room submitted to office?:      Y              N              N/A

Emergency Contact:

---