

# Rentz Management, Inc.

## OWNER QUESTIONNAIRE

**Dear Owner:**

**Date:** \_\_\_\_\_

It is very important to have current and accurate records for all residents. In order to achieve this, we need you to provide us with the information requested below. **It is imperative that we have this information for community mailings and in case of emergency situations.** Thank you.

**UNIT ADDRESS:** \_\_\_\_\_

PLEASE CHECK ONE:

**OWNER OCCUPIED** \_\_\_\_\_ **SECOND HOME** \_\_\_\_\_ **RENTAL** \_\_\_\_\_

**OWNER INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date Purchased \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Owner #1 Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner #2 Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner #1 Email \_\_\_\_\_ Owner #2 Email \_\_\_\_\_

Names of additional occupants: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Renter/Tenant Information	Renter/Tenant Information
Occupant is: Renter or Family of Owner	Occupant is: Renter or Family of Owner
Last Name:	Last Name:
First Name:	First Name:
Date Rented:	Date Rented:
Home ( )	Home ( )
Work ( )	Work ( )
Cell ( )	Cell ( )
Email:	Email:
Emergency Contact:	Emergency Contact:
Emergency Phone:	Emergency Phone:

**Please return this questionnaire to: Rentz Management at the address below or fax 859-655-2613**  
**Important: When paying fees, please make checks payable to your association.**

**RENTZ MANAGEMENT, INC. / P.O.BOX 1027 / COVINGTON, KY 41012 / 859-581-4815**