



OWNER/TENANT INFORMATION FORM

Unit # _____

Please complete this form and return to BMHA via e-mail: bancroftmha49@yahoo.com, via U.S. Mail, or by placing under the office door in the lobby.

OWNER INFORMATION:

Owner Name (1) _____

Co-Occupant/Owner Name (2) _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Email: _____

Email: _____

Vehicle: _____
(Make/Model/Color)

Vehicle: _____
(Make/Model/Color)

Mailing address if Different from Unit (no P.O. Boxes): _____

Emergency Contact Name _____

Emergency Contact Phone Number: _____

Total Number of Occupants in Unit: _____

Number/Type of Pets in Unit: _____

Location of Water Main Shut Off in Unit: _____

Do you Rent this unit? Yes No (if yes, please fill out tenant information below)

If you rent this unit, Do you have a rental property manager? Yes No. Term of Lease: From _____ to _____

Rental Agent Company Name: _____

Rental Agent Email address: _____

Rental Agent Contact Name: _____

Rental Agent Contact Phone: _____

TENANT INFORMATION:

Tenant Name (1) _____

Tenant Name (2) _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Email: _____

Email: _____

Vehicle: _____
(Make/Model/Color)

Vehicle: _____
(Make/Model/Color)

Emergency Contact Name _____

Emergency Contact Phone Number: _____

Total Number of Occupants in Unit: _____

Number/Type of Pets in Unit: _____