

## Homeowner Information Form

All information provided is kept strictly confidential and is not shared with any outside parties.

### Unit Information

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

Mailing Address: (if different) \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Rental Information

Tenant(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Lease Expires: \_\_\_\_\_

Rental Management Co: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Emergency Contact

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Pet(s)

Yes: \_\_\_\_\_ No: \_\_\_\_\_ #: \_\_\_\_\_ Breed(s): \_\_\_\_\_ Weight(s): \_\_\_\_\_

### Vehicle(s)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

### Disclosure

It is critical that management maintains accurate records for your Community Association. Periodically we request owners to provide us with updated information. Even if your information has not changed, we ask that you please take a moment to complete and submit your current information below to ensure we can reach you and keep you informed as the need arises.

Unless the Declarations or Bylaws or Virginia Property Owners Act or the Virginia Condominium Act expressly provide otherwise, by providing an email address above, I, the undersigned below, hereby authorize the Board of Directors and/or Brooks Real Estate, Inc., at their option, to send any notice or communication pertaining to Association business or my unit via the email address(s) provided above. I understand it is my responsibility to keep Brooks Real Estate, Inc. apprised of any changes in my email address and to hold Brooks Real Estate, Inc. and the Association harmless for any failure to receive any Association communications as a direct result of my failure to notify Brooks Real Estate, Inc. of a change in my address in a timely manner. If additional pages are necessary to report information, please print off additional sheets as necessary.

Thank you in advance for your prompt attention to this request.

\_\_\_\_\_  
Signature of Unit Owner(s)

Date

\_\_\_\_\_  
Signature of Unit Owner(s)

Date

Please complete and return to:  
Brooks Real Estate, Inc. Community Management  
4071 Ironbound Road, Suite 200  
Williamsburg, VA 23188  
Fax: 757-220-3815  
Email: [michaelk@brooks-re.com](mailto:michaelk@brooks-re.com)



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