

Jade Winds Association, Inc.,

1700 NE 191st Street, Management Office
N. Miami Beach, FL 33179

Current Resident Contact Form

TYPE OF RESIDENT (Please check one): **OWNER** _____ **TENANT** _____

Name: _____

Building: _____, Unit #: _____,

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code__ : _____

Please provide two (2) telephone numbers where YOU can be contacted:

Tel. #1: _____ Home Work Mobil Other

Tel. #2: _____ Home Work Mobil Other

Email Address (print clearly) : _____

Is there anyone in the household with special needs (handicap)

Yes _____

No _____

Emergency Contact Person: _____ Phone: _____ Relationship: _____,

Additional Occupants	Name	Age	Relationship
1.			
2.			
3.			
4.			
5.			

VEHICLES	MAKE	MODEL	TAG #	ASSIGNED PARKING
1.				
2.				
3.				
4.				

PETS	Breed	Age	Weight
1.			
2.			
3.			

FOR TENANTS ONLY – PLEASE ANSWER THE FOLLOWING:

Landlord's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Mobile Phone : _____

Were you screened: Yes _____ No _____

By whom: _____

Tenant Move in Date: _____

Lease Term: Starting: _____ Ending: _____

FOR OWNERS ONLY – PLEASE ANSWER THE FOLLOWING:

Where you screened: Yes _____ No _____

By whom: _____

PURCHASE DATE: _____

_____ Date: _____

Owner/Tenant

ADDITIONAL EMERGENCY CONTACTS

EMERGENCY CONTACT 1

NAME _____ RELATIONSHIP _____

EMAIL: _____

PHONE _____ OTHER PHONE _____

EMERGENCY CONTACT 2

NAME _____ RELATIONSHIP _____

EMAIL: _____

PHONE _____ OTHER PHONE _____