

# SOUTHERN DELAWARE COMMUNITIES RESIDENT INFORMATION SHEET

31052 SHADY ACRES LANE, LAUREL, DE 19956

DECEMBER 2017

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PRIMARY RESIDENT NAME \_\_\_\_\_ CELL #: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

SECOND RESIDENT NAME \_\_\_\_\_ CELL #: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

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EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NEAREST RELATIVE NOT RESIDING IN THE HOME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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### ADDITIONAL OCCUPANTS LIVING IN THE HOME (INCLUDING CHILDREN)

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

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### HOME INFORMATION

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

SIZE: \_\_\_\_\_ INSURANCE CO: \_\_\_\_\_ (ATTACH CURRENT INS. BINDER)

MORTGAGE CO: \_\_\_\_\_ HOME PAID FOR? \_\_\_\_\_ (COPY OF TITLE IF PAID FOR)

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### VEHICLE INFORMATION

VEHICLE #1: \_\_\_\_\_ VEHICLE #2: \_\_\_\_\_

VEHICLE #3: \_\_\_\_\_ VEHICLE #4: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_

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### PET INFORMATION

TYPE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SIZE: \_\_\_\_\_ NAME: \_\_\_\_\_

TYPE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SIZE: \_\_\_\_\_ NAME: \_\_\_\_\_

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**PLEASE FILL OUT THE RESIDENT INFORMATION SHEET, AND INCLUDE COPIES OF INSURANCE BINDER AND TITLE INFORMATION**

**PLEASE RETURN TO THE OFFICE BY DECEMBER 29, 2017**

# DRIFTWOOD VILLAGE RESIDENT INFORMATION SHEET

31052 SHADY ACRES LANE, LAUREL, DE 19956

DECEMBER 2017

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PRIMARY RESIDENT NAME \_\_\_\_\_ CELL #: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

SECOND RESIDENT NAME \_\_\_\_\_ CELL #: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

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EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NEAREST RELATIVE NOT RESIDING IN THE HOME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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### ADDITIONAL OCCUPANTS LIVING IN THE HOME (INCLUDING CHILDREN)

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

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### HOME INFORMATION

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

SIZE: \_\_\_\_\_ INSURANCE CO: \_\_\_\_\_ (ATTACH CURRENT INS. BINDER)

MORTGAGE CO: \_\_\_\_\_ HOME PAID FOR? \_\_\_\_\_ (COPY OF TITLE IF PAID FOR)

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### VEHICLE INFORMATION

VEHICLE #1: \_\_\_\_\_ VEHICLE #2: \_\_\_\_\_

VEHICLE #3: \_\_\_\_\_ VEHICLE #4: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_

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### PET INFORMATION

TYPE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SIZE: \_\_\_\_\_ NAME: \_\_\_\_\_

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