



Thomas Choice Gardens Condominium

19401 Brassie Place, Montgomery Village, MD 20886
 Phone: (301)948-7080 Fax: (888)253-7258
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Resident Information Sheet

Owner Information: Section A

Name:			Phone:		
Mailing Address:			Alt-Phone:		
City:		State:	Zip:		Email:
All sections should be completed in its entirety. Management's intent is to facilitate processing of your pool passes, have emergency contact information available should a crisis situation occur (ex. Fire, Utility Outages, Damage to your unit and others) and give us a better understanding of the community and its needs. Pet information will also be helpful for processing purposes.					Unit Emergency Contact:
					Name:
Building Address:			Apt.		Phone:
Unit Insured:	Y	N	Insurance Carrier		Alt-Phone:
Check All That Apply: Owner () Resident () Agent ()					Name Your Agent Below
Signature of owner below acknowledges that said individual(s) as checked above may act on my behalf regarding TCGC matters which may result in charges against my assessment account according to TCGC fee schedules. Management reserves the right to work directly with the owner in issues pertaining to your unit should they deem it necessary. Owner has also reviewed the resident and household member section of the application and can attest to its accuracy.					Phone:
					Owner Signature:
					Date:

Resident: Section B	Resident: Section C
If sole resident owner go to Section D of form otherwise 2 nd owner info goes here. Tenant resident must complete all sections of form.	Secondary tenant or leaseholder information goes here. If you are the sole leaseholder or the resident owner, please skip to Section D of form.
Name: _____	Name: _____
DOB: _____	DOB: _____
Phone: _____	Phone: _____
Alt-Phone: _____	Alt-Phone: _____
Email: _____	Email: _____
Emergency Contact:	Emergency Contact:
Emergency Phone:	Emergency Phone:

Household Members: Section D	Tenant residents must have a lease on file with named household members in order to receive parking or pool passes for the occupants. Resident owners must list household occupants to receive parking or pool passes for the individuals. No exceptions will be made to policy.	
Name Of Occupant(s)	Date of Birth	Emergency Contact Info (Name and Phone #)
Resident Signature:		Date:

Office Use Only									
Unit ID:		Permit ID:		Date Issued:					
Lease Required:	Y	N	Passkey Req.:	Y	N	Reviewed By:			