

RENTAL INTAKE FORM

The completion of this form is required before any key or parking sticker transaction will occur.

Owner: _____ Landlord/Management: _____

Building #: _____ Unit #: _____ Orientation Date: ____/____/____

Renters Name: _____

Tele. #: _____ Email: _____
(Please provide photo ID)

Renters Name: _____

Tele. #: _____ Email: _____
(Please provide photo ID)

Children Name & Ages: _____
(Please provide photo ID if 18 or older)

Employer: _____ Phone Number: _____

Autos: 1. Make: _____ Color: _____ Plate #: _____

2. Make: _____ Color: _____ Plate #: _____

Building Entry Security System Phone Number

Phone Number: _____

Emergency Contact

Name: _____

Tele. #: _____ E-mail: _____

By initialing I acknowledge

I have received a copy of Valhalla Resident Policies _____

I have received a copy of Valhalla Additional Resident Policies _____

I acknowledge and understand the NO PETS policy and NO Smoking _____