Master Apts., Inc.
Resident Information Form

Apartment #_____

RESIDENTS **Date completed** _____

*To receive email alerts for deliveries, check box to the left of email. Apt "land line": _____

Resident 1: _____ Mobile Phone:_____

☐ *Email: _____ Work Phone: _____

Resident 2: _____ Work Phone: _____

☐ *Email: _____ Mobile Phone: _____

Weekend or Vacation Phone: _____ Other phone: _____

Additional residents: Please list others who reside in your apartment. Note that only persons listed here will be granted access to the building, unless authorized by the Cooperative in accordance with policies/procedures for registration of household workers/others, visitors, unaccompanied guests.

1. _____ Relationship:_____ Year of Birth:_____ Part-time? Y ☐ N ☐
2. _____ Relationship:_____ Year of Birth: _____ Part-time? Y ☐ N ☐
3. _____ Relationship:_____ Year of Birth: _____ Part-time? Y ☐ N ☐
4. _____ Relationship:_____ Year of Birth: _____ Part-time? Y ☐ N ☐

INFORMATION IN THE EVENT OF A BUILDING EMERGENCY

This information will facilitate emergency personnel's ability to assist you and any pets in your care.*

Residents with disabilities or in need of assistance. List anyone in your home who has disabilities/needs assistance. Describe (ex.: vision/hearing impaired, physically disabled, special equipment (wheelchair, oxygen, etc.)

_____

_____

PETS

Pet name: _____ Species: _____ Age: _____ Wt.: _____ Dog Lic. #_____

Pet name: _____ Species: _____ Age: _____

PROPERTY INSURANCE

Residents are REQUIRED to carry Homeowners/renters/co-op property insurance with liability coverage of $300,000 or higher and list MASTER APTS., INC. and ORSID REALTY CORP. as ADDITIONAL INTERESTS on the insurance policy.

Name of Insurance Company: _____

Effective Dates of Policy:_____

EMERGENCY CONTACTS:

Primary: _____ Relationship: _____

Phone #s: Mobile: _____ Day: _____ Evening: _____

Secondary: _____ Relationship: _____

Phone #s: Mobile: _____ Day: _____ Evening: _____

If you require additional space to provide information, please use the reverse side of this form.