



Form No.:  
Control No:

# TENANT INFORMATION SHEET

Note: Please submit two (2) 1"x1" pictures

Date: \_\_\_\_\_

UNIT INFORMATION				
Building	Unit Number	Area	Parking Slot No.	
Unit Acceptance Date		Move-in Date		
TENANT'S PERSONAL INFORMATION				
Last Name		First Name		Middle Name
Home Address			Billing Address	
Telephone Number	Fax Number	Mobile Number	Email Address	
Citizenship	Date of Birth	Place of Birth	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widower	Sex <input type="checkbox"/> male <input type="checkbox"/> female
Occupation	Company Name		Office Address / Office Number	
Person to notify in case of emergency			Contact Number	Email Address
AUTHORIZED OCCUPANTS OF THE UNIT				
Name	Age / Sex	Relation	Remarks	
	/			
	/			
	/			
	/			
	/			

I hereby confirm that all information stated herein is true and correct.

\_\_\_\_\_  
Owner's Name and Signature

\_\_\_\_\_  
Tenant's Name and Signature

\_\_\_\_\_  
Date

*Note: All information stated herein shall be kept confidential by the Condominium Corp. and the Property Management Office.*

**To be filled-out by the Property Management Office (upon issuance of TENANT'S ID)**

Tenant's ID Received By : \_\_\_\_\_ (signature over printed name)

Date Received : \_\_\_\_\_

Tenant ID Control No. : \_\_\_\_\_