

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: _____

EMERGENCY CONTACT: _____ PHONE #: _____

NEAREST RELATIVE NOT RESIDING IN THE HOME: _____ PHONE #: _____

ADDITIONAL OCCUPANTS LIVING IN THE HOME (INCLUDING CHILDREN)

NAME: _____ DOB: ____/____/____ SS#: ____-____-____

NAME: _____ DOB: ____/____/____ SS#: ____-____-____

NAME: _____ DOB: ____/____/____ SS#: ____-____-____

NAME: _____ DOB: ____/____/____ SS#: ____-____-____

HOME INFORMATION

MAKE: _____ MODEL: _____ YEAR: _____

SIZE: _____ INSURANCE CO: _____ (ATTACH CURRENT INS. BINDER)

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

VEHICLE INFORMATION

VEHICLE #1: _____ VEHICLE #2: _____

VEHICLE #3: _____ VEHICLE #4: _____

INSURANCE CO: _____

PET INFORMATION

TYPE: _____ HEIGHT: _____ WEIGHT: _____ SIZE: _____ NAME: _____

TYPE: _____ HEIGHT: _____ WEIGHT: _____ SIZE: _____ NAME: _____

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