MULTIFAMILY NW
The Association Promoting Quality Rental Housing

RESIDENT UPDATE

EQUAL HOUSING OPPORTUNITY

DATE _____ PROPERTY NAME / NUMBER _____

UNIT NUMBER _____ STREET ADDRESS _____

HOME PHONE _____ CITY _____ STATE _____ ZIP _____

APPLIES IN OREGON ONLY: Email/phone number/other method for electronic delivery of actual notices and utility bills:

EMAIL _____ MOBILE PHONE _____

OTHER ELECTRONIC METHOD _____

LIST ALL ADULT RESIDENTS:

1. Name (First, M.I., Last) _____ Date of Birth _____ SS # _____

Mobile Phone _____ Work Phone _____ Email _____

Emergency Contact _____ Relationship _____

Phone _____ Email _____ Address _____

Emergency Contact (Non-Resident) _____ Relationship _____

Phone _____ Email _____ Address _____

Contact in event of death _____ Relationship _____

Phone _____ Email _____ Address _____

Current Employer _____ Phone _____ Email _____

2. Name (First, M.I., Last) _____ Date of Birth _____ SS # _____

Mobile Phone _____ Work Phone _____ Email _____

Emergency Contact _____ Relationship _____

Phone _____ Email _____ Address _____

Emergency Contact (Non-Resident) _____ Relationship _____

Phone _____ Email _____ Address _____

Contact in event of death _____ Relationship _____

Phone _____ Email _____ Address _____

Current Employer _____ Phone _____ IF ADDITIONAL EMPLOYER, Email _____

3. Name (First, M.I., Last) _____ Date of Birth _____ SS # _____

Mobile Phone _____ Work Phone _____ Email _____

Emergency Contact _____ Relationship _____

Phone _____ Email _____ Address _____

Emergency Contact (Non-Resident) _____ Relationship _____

Phone _____ Email _____ Address _____

Contact in event of death _____ Relationship _____

Phone _____ Email _____ Address _____

Current Employer _____ Phone _____ Email _____

4. Name (First, M.I., Last) _____ Date of Birth _____ SS # _____

Mobile Phone _____ Work Phone _____ Email _____

Emergency Contact _____ Relationship _____

Phone _____ Email _____ Address _____

Emergency Contact (Non-Resident) _____ Relationship _____

Phone _____ Email _____ Address _____

Contact in event of death _____ Relationship _____

Phone _____ Email _____ Address _____

Current Employer _____ Phone _____ Email _____

5. Name (First, M.I., Last)_____ Date of Birth _____ SS #_____

Mobile Phone_____ Work Phone_____ Email_____

Emergency Contact_____ Relationship_____

Phone_____ Email_____ Address_____

Emergency Contact (Non-Resident)_____ Relationship_____

Phone_____ Email_____ Address_____

Contact in event of death_____ Relationship_____

Phone_____ Email_____ Address_____

Current Employer_____ Phone_____ Email_____

6. Name (First, M.I., Last)_____ Date of Birth _____ SS #_____

Mobile Phone_____ Work Phone_____ Email_____

Emergency Contact_____ Relationship_____

Phone_____ Email_____Address_____

Emergency Contact (Non-Resident)_____ Relationship_____

Phone_____ Email_____ Address_____

Contact in event of death_____ Relationship_____

Phone_____ Email_____ Address_____

Current Employer_____ Phone_____ Email_____

LIST ALL MINORS AND ALL OTHER OCCUPANTS:

1. Name (First, M.I., Last) _____ Date of Birth _____

2. Name (First, M.I., Last) _____ Date of Birth _____

3. Name (First, M.I., Last) _____ Date of Birth _____

4. Name (First, M.I., Last) _____ Date of Birth _____

5. Name (First, M.I., Last) _____ Date of Birth _____

LIST ALL ANIMALS:

1. Name _____ Type _____ Breed _____ Age _____ Weight _____

2. Name _____ Type _____ Breed _____ Age _____ Weight _____

3. Name _____ Type _____ Breed _____ Age _____ Weight _____

EMERGENCY CONTACT(S) FOR ANIMALS (UPDATES PET OR ASSISTANCE ANIMAL AGREEMENT):

1. Name _____ Phone _____ Email _____

2. Name _____ Phone _____ Email _____

3. Name _____ Phone _____ Email _____

MAILBOX: #_____

LIST ALL VEHICLES:

1. Make _____ Model _____ Color _____ Year _____

State _____ Plate # _____ Vehicle Owner _____

Parking ID # _____ Parking Space _____ Garage # _____ Carport # _____

2. Make _____ Model _____ Color _____ Year _____

State _____ Plate # _____ Vehicle Owner _____

Parking ID # _____ Parking Space _____ Garage # _____ Carport # _____

3. Make _____ Model _____ Color _____ Year _____

State _____ Plate # _____ Vehicle Owner _____

Parking ID # _____ Parking Space _____ Garage # _____ Carport # _____

4. Make _____ Model _____ Color _____ Year _____

State _____ Plate # _____ Vehicle Owner _____

Parking ID # _____ Parking Space _____ Garage # _____ Carport # _____