



# RESIDENT UPDATE



DATE \_\_\_\_\_ PROPERTY NAME / NUMBER The Morgan The Morgan

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 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact in event of death \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**2. Name** (First, M.I., Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact in event of death \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**3. Name** (First, M.I., Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact in event of death \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**4. Name** (First, M.I., Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact in event of death \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**5. Name** (First, M.I., Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact in event of death \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

6. Name (First, M.I., Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact in event of death \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

**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 # \_\_\_\_\_