Brentwood of Palatine Condominium Association

315 W. University Drive, Suite A Arlington Heights, IL 60004

TENANT INFORMATION FORM

Date:	Move-in Date:				
TENANT'S INFORMA' Name(s):	TION: (Please provi			ddendums.)	
Unit Address:		_City/State/Zip:			
Email Address:					
Phone: Home:					
The manageme	ent office contacts tena	nts directly via phone	e or email ONLY in emerg	gency situations.	
Lease Term (Minimum 6 mo./Maximum 24 mo.): Start Date:			End Date:		
OTHER OCCUPANTS additional sheets if needed):	AND RELATIONS	HIP TO HEAD O	F HOUSEHOLD (all o	ccupants MUST be listed; uso	
Name:	ne:]			_Relationship:	
Name:	nme:			Relationship:	
Name:					
Name:			_Relationship:		
IN CASE OF EMERGE	NCY NOTIFY:				
Name					
Address:	City/State/Zip:				
Phone: Home:		Cell: _			
PET INFORMATION Type of Pet	Number of Pets	Names	□ No	pets reside in this unit.	
VEHICLES (int all makin)		:fdd\\0	Tee N. orker		
VEHICLES (list all vehicle Make/Year	Model	Vehicle Color	Tag Number: License Number	Sticker Number & Color	
	ALL INFORMATION W	TILL BE HELD IN THE	STRICTEST CONFIDENCE.		
Unit Owner/Manager (signature)			Date		

Phone: 847-577-3160 Fax: 847-577-7520
Email: info@hmcc1.com Website: www.hmcc1.com 7/2020