



# Homeowner/Tenant Information Form

## Required Account Information

Association Name: \_\_\_\_\_

Homeowner Name(s): \_\_\_\_\_ / \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot/Unit #: \_\_\_\_\_

Bill-To Address: \_\_\_\_\_

*(If different from above property address)*

Primary Contact Number \_\_\_\_\_ Home / Cell / Work

Secondary Contact Number \_\_\_\_\_ Home / Cell / Work

E-mail: \_\_\_\_\_ / \_\_\_\_\_

Employer(s): \_\_\_\_\_

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- Are you currently leasing your Unit? -Yes -No *\*If YES, please provide the following information:*

### Tenant Information

• Name: _____	• Name: _____
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Phone #: _____	Phone #: _____
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E-mail: _____	E-mail: _____
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- Term of Lease: (Start Date) \_\_\_\_\_ (End Date) \_\_\_\_\_

- Does your tenant(s) have any pets? -Yes -No

Number of Pets and Type: \_\_\_\_\_

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**Please return this completed form to:**

**DNI Properties, Inc.  
 662 Office Parkway  
 Creve Coeur, MO 63141  
 Fax: (314) 576-0718**