

# HOMEOWNER/TENANT INFORMATION FORM



DNI Properties, Inc.  
Managing Agent

## **REQUIRED ACCOUNT INFORMATION**

Community 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): \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

• Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_

• Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_

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

### **Tenant Information**

• Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

• Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

• Term of Lease: (Start Date) \_\_\_\_\_ (End Date) \_\_\_\_\_

• Have you supplied a lease to DNI Properties? -Yes -No ***\*If NO, please forward to DNI Properties:***

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**Please return this completed form to:**

**DNI Properties, Inc.**

**662 Office Parkway**

**Creve Coeur, MO 63141**

**Fax: (314) 576-0718**

**Email: [info@dniproperties.com](mailto:info@dniproperties.com)**