

**UPDATED RESIDENT INFORMATION**



Address: \_\_\_\_\_

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

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

Please list all other individuals living in the dwelling, their relationship to you and ages:

\_\_\_\_\_

-

\_\_\_\_\_

-

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

How many pets: \_\_\_\_\_ Please describe: \_\_\_\_\_

Do you currently have renter's insurance? \_\_\_\_\_ With what company? \_\_\_\_\_

If no, would you like information on renter's insurance? \_\_\_\_\_

Have you received satisfactory service this year from management? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what is one thing we have neglected to do? \_\_\_\_\_

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

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Co-tenant's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Make of automobile(s): \_\_\_\_\_

License Plate(s): \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone #: \_\_\_\_\_

Resident: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RENTER'S INSURANCE**

Address: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

**Check one:**

# RENTER'S INSURANCE

Address: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

**Check one:**

1. I have proof of a Paid Renter's Insurance policy.

Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective: \_\_\_\_\_

2. I need assistance in obtaining Renter's Insurance and I want my monthly rent increased \$20.00 to cover the cost of servicing my Renter's Insurance. When I receive my bill from the insurance company, I will mail the bill to DRS for payment so long as my account is current. I understand I must pay a full year premium at the start of my rental agreement.
3. Waiver of Insurance: While the benefits of renter's insurance have been explained to me, I hereby decline to purchase any extra coverage for my possessions while renting from DRS. As a result of this decision, I agree to hold DRS harmless of any damage or theft that may occur to my personal possessions while renting from the above unit.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Manager \_\_\_\_\_ Date \_\_\_\_\_



Dear Resident:

We would like to take a few minutes of your time to double-check the condition and safe operation of the smoke detectors in your home. According to our records, smoke detectors should be located at all of the locations shown below. Please take a minute, now while you think about it, to complete this survey. Please sign and return to us. We will return to you a copy for your own information. Here are some facts you should know:

1. The battery (or batteries) in each of your smoke detectors should be replaced at least once a year. If they are older than that (or if your are unsure), they **MUST** be replaced. It's important that you replace them with batteries of the same type. Let us know if you are unsure of the type.
2. The smoke detectors should be tested by pushing the test button now, and then again one each month.
3. If you are having trouble with smoke detectors going off from kitchen odors or from someone smoking, let us know. Do not remove the batteries. A detector with a silencer can be installed.

**Smoke Detector # 1**

Location: \_\_\_\_\_

Date battery changed: \_\_\_\_\_

Smoke detector tested: \_\_\_\_\_ Ok \_\_\_\_\_ Didn't Operate

**Smoke Detector # 1**

Location: \_\_\_\_\_

Date battery changed: \_\_\_\_\_

Smoke detector tested: \_\_\_\_\_ Ok \_\_\_\_\_ Didn't Operate

**Smoke Detector # 2**

Location: \_\_\_\_\_  \_\_\_\_\_

Date battery changed: \_\_\_\_\_

Smoke detector tested: \_\_\_\_\_ Ok \_\_\_\_\_ Didn't Operate

Tests performed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Reminder:** Smoking is not permitted in rental units. In case of fire, your personal belongings and furniture are not covered under the company's fire insurance. Be sure and have renter's insurance.

Do you presently have renter's insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like us to send you an application? \_\_\_\_\_ Yes \_\_\_\_\_ No