



LS Property Management
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 Guidance You Can Trust

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Resident Profile Update Form

For Address: _____
 Street Unit# City State Zip

Primary Resident: _____ E-Mail: _____

Driver's License No. And State: (____) _____ SSN: _____ - _____ - _____ Birth date _____
 MONTH - DAY - YEAR

Phone Home: _____ Work: _____ Cell: _____

Other Resident: _____ E-Mail: _____

If Other Resident is a Dependent Birth Date is required only.

Driver's License No. And State: (____) _____ SSN: _____ - _____ - _____ Birth date _____
 MONTH - DAY - YEAR

Phone Home: _____ Work: _____ Cell: _____

Other Resident: _____ E-Mail: _____

If Other Resident is a Dependent Birth Date is required only.

Driver's License No. And State: (____) _____ SSN: _____ - _____ - _____ Birth date _____
 MONTH - DAY - YEAR

Phone Home: _____ Work: _____ Cell: _____

Other Resident: _____ E-Mail: _____

If Other Resident is a Dependent Birth Date is required only.

Driver's License No. And State: (____) _____ SSN: _____ - _____ - _____ Birth date _____
 MONTH - DAY - YEAR

Phone Home: _____ Work: _____ Cell: _____

Vehicles: (Operable Automobiles including Trucks, Vans, Motorcycles)

(1) Vehicle Make: _____ Model: _____ Year: _____ License No.: _____

(2) Vehicle Make: _____ Model: _____ Year: _____ License No.: _____

(1) Are you the registered owner? Yes ___ No ___ If not who? Name: _____ Home Phone No.: _____

Address: _____
 Street Unit# City State Zip

(2) Are you the registered owner? Yes ___ No ___ If not who? Name: _____ Home Phone No.: _____

Address: _____
 Street Unit# City State Zip

Closest Relative Not Living With You

Resident #1
 Name: _____ Relationship: _____ Home Phone No.: _____

Address: _____
 Street Unit# City State Zip

Resident #2
 Name: _____ Relationship: _____ Home Phone No.: _____

Address: _____
 Street Unit# City State Zip

Resident #3
 Name: _____ Relationship: _____ Home Phone No.: _____

Address: _____
 Street Unit# City State Zip

Resident #4
 Name: _____ Relationship: _____ Home Phone No.: _____

Address: _____
 Street Unit# City State Zip

Date Completed _____