

Homeowner Information Form

Property Name: _____ Property ID: _____ Owner ID: _____

Other Rental Properties with MGV: _____

Statements and Checks (to whom where statements will be mailed and checks written)

Owner(s) Name: _____

Company Name (if any): _____

Mailing Address: _____

City: _____ State: _____ Zip : _____

Tax Purposes (how the IRS will receive your information)

Payee Name # 1: _____

Payee Name # 2: _____

Social Security Number: _____ OR Tax ID Number: _____

Correspondence

Title: _____ First Name: _____ Last Name: _____

Contact Information

Email Address: _____

Telephone: _____ Alt Telephone: _____ Fax: _____

Primary Contact: _____

Secondary Contact: _____

Homeowner Signature

Date

MGV Use Only

Referral Code: _____ Management Fee: _____ Owner Reserve Balance: _____

Signup Date: _____ Owner's Link Username: _____ Password: _____