

# Resident Profile



Name (Last, First)

Gender

Cell Phone

Email Address (Personal)

Home Address/Address of Record (Street, Address/City/State/Zip)

Full SSN#

Birthdate

Command Name

Command/Quarterdeck Phone

Dept/Div

Paygrade

UIC

Emergency Contact (Name/Phone)

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

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

## SMS/EMAIL COMMUNICATION

On occasion, Homeport Hampton Roads would like to send communications to our residents via SMS text messages and/or email. This may include reminders for building issues we would like to keep you aware of and HHR events we are hosting. We will not give/sell your information to anyone and will only use it in house to communicate directly with you, our resident. **Please SIGN below your preference:**

YES \_\_\_\_\_

NO \_\_\_\_\_

## OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Bldg/Rm: \_\_\_\_\_

Vehicle: \_\_\_\_\_  
MAKE/MODEL/COLOR/YEAR

License Plate: \_\_\_\_\_  
STATE/PLATE

TEMPORARY PASS EXPIRATION DATE

Driver's License: \_\_\_\_\_  
STATE/NO.

Decal No. \_\_\_\_\_

Key Status P/T: \_\_\_\_\_

DOD# \_\_\_\_\_

Roommate: \_\_\_\_\_

