



# PROPERTY INFORMATION FORM

(Please Print or Type)

<b>Rental Property Address:</b>							
<b>City:</b>		<b>State:</b>		<b>Zip:</b>		<b>County:</b>	

## OWNER INFORMATION

<b>Owner Name(s):</b>							
<b>Owner Mailing Address:</b>							
<b>City, State, Zip, Country:</b>							
<b>Email Addresses:</b>							
<b>Home Phone:</b>		<b>Cell Phone:</b>		<b>Preferred Method of Contact?</b>			
<b>Ownership Type:</b>		<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation/LLC	
<b>Insurance Company:</b>				<b>Insurance Policy Number:</b>			
<b>Insurance Agent:</b>				<b>Phone Number:</b>			

## PROPERTY INFORMATION

<b>Property Type:</b>		<input type="checkbox"/> Condo		<input type="checkbox"/> Duplex		<input type="checkbox"/> Townhouse		<input type="checkbox"/> Single Family Home		<input type="checkbox"/> Multi-Family Complex	
<b>Bedrooms:</b>		<b>Bathrooms:</b>		<b>Square Foot:</b>		<b>Source:</b>					
<b>Garage Size:</b>		<input type="checkbox"/> NONE		<input type="checkbox"/> 1 Car		<input type="checkbox"/> 2 Car		<input type="checkbox"/> 3 Car		<b>Garage Location:</b> <input type="checkbox"/> Attached <input type="checkbox"/> Detached	
<b>Garage Door Opener?</b>		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<b>If yes, brand:</b>		<b>Code, if applicable:</b>			
<b>Floor Coverings:</b>		<input type="checkbox"/> Carpet		<input type="checkbox"/> Wood		<input type="checkbox"/> Laminate		<input type="checkbox"/> Vinyl		<input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Other - Specify:	
<b>Appliances Included:</b>		<input type="checkbox"/> Stove		<input type="checkbox"/> Refrigerator		<input type="checkbox"/> Dishwasher		<input type="checkbox"/> Microwave		<input type="checkbox"/> Chest Freezer <input type="checkbox"/> Garbage Disposal	
		<input type="checkbox"/> Washer		<input type="checkbox"/> Dryer		<input type="checkbox"/> Washer/Dryer Connections		<input type="checkbox"/> Other - Specify:			
<b>Appliance Type:</b>		<input type="checkbox"/> Black		<input type="checkbox"/> White		<input type="checkbox"/> Stainless Steel		<input type="checkbox"/> Stainless Finish		<b>Inside Utility Room?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are any appliances or hot water heater gas?</b>				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<b>If yes, specify:</b>			
<b>Does property have Central A/C &amp; Heat?</b>				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<b>If no, provide details:</b>			
<b>Fireplace?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, specify:</b>		<input type="checkbox"/> Gas <input type="checkbox"/> Wood burning		<b>Location:</b>			
<b>Water View?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, specify:</b>		<input type="checkbox"/> Lake <input type="checkbox"/> Pond		<input type="checkbox"/> Other - Specify:			
<b>Swimming/Recreation Allowed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Skiable?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Dock?</b>		<input type="checkbox"/> NONE <input type="checkbox"/> Private <input type="checkbox"/> Community	
<b>Any other views?</b>		<input type="checkbox"/> Golf course		<input type="checkbox"/> Woods		<input type="checkbox"/> Conservation Area		<input type="checkbox"/> Pool		<input type="checkbox"/> Other - Specify:	
<b>Is there a yard?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fenced?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is there a porch/patio?</b>		<input type="checkbox"/> NONE <input type="checkbox"/> Screened <input type="checkbox"/> Open	
<b>Please list any other special features or amenities of the home:</b>											
<b>Is mailbox in a mailbox bank?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Mailbox number:</b>				<b>Location:</b>			
<b>Is there a Home Warranty?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Company:</b>				<b>Phone Number:</b>			
<b>Policy Number:</b>								<b>Service Fee:</b>			
<b>Is pool currently being serviced?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Company:</b>				<b>Phone number:</b>			
<b>Day(s) Serviced:</b>				<input type="checkbox"/> Monday		<input type="checkbox"/> Tuesday		<input type="checkbox"/> Wednesday		<input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<b>Is lawn currently being serviced?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Company:</b>				<b>Phone number:</b>			
<b>Day(s) Serviced:</b>				<input type="checkbox"/> Monday		<input type="checkbox"/> Tuesday		<input type="checkbox"/> Wednesday		<input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<b>Is there an Alarm System?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Company:</b>				<b>Alarm Code:</b>			



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UTILITY INFORMATION							
Utilities Provided by Owner:	<input type="checkbox"/> NONE	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Trash	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas	<input type="checkbox"/> Cable TV	<input type="checkbox"/> Internet
Is property on city sewer or septic tank?	<input type="checkbox"/> City sewer	<input type="checkbox"/> Septic Tank	If septic tank, date last pumped?				
Power Company:				Water Company:			
Gas Company:				Cable/Internet Provider:			
Trash Pick-Up Days:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday		
Recycling Pick-Up Days:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday		
Yard Waste Pick-Up Days:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday		

HOMEOWNER'S ASSOCIATION INFORMATION							
Community Name:				Managed by:			
Phone Number(s):				Email(s):			
Does HOA have to screen resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any HOA required wording/addenda in lease?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any leasing/renting restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify:				
Is property in a gated community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, gate code:				
Does HOA require amenity passes/keys?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify:				
Does HOA have any pet restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify:				
Please check all community amenities available to residents:	<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Pool	<input type="checkbox"/> Playground	<input type="checkbox"/> Basketball court	<input type="checkbox"/> Pet walk area		
	<input type="checkbox"/> Fitness center	<input type="checkbox"/> Hot tub/spa	<input type="checkbox"/> Tennis court	<input type="checkbox"/> Racquetball court	<input type="checkbox"/> Barbecue area		
	<input type="checkbox"/> Other – specify:						
Reserved parking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of reserved spaces:			Spot Number(s):	

LEASING INFORMATION			
Monthly rental amount desired:	\$	Least rental amount acceptable:	\$
Pets allowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please note, not allowing pets could <b>SIGNIFICANTLY LENGTHEN THE TIME</b> the property is vacant.
If yes, any weight/breed restrictions?			
Extermination handled by/paid for by:	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner	<input type="checkbox"/> Home Owner's Association
Lawn Service handled by/paid for by:	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner	<input type="checkbox"/> Home Owner's Association
Pool Service handled by/paid for by:	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner	<input type="checkbox"/> Home Owner's Association
Number of garage door openers provided by Owner:			Date batteries last changed:
Please list and number all mailbox keys, community access cards/keys, recreation passes, parking passes, etc. provided by Owner			

MISCELLANEOUS	
Please list any special instructions or other important information regarding your property:	

*Thank you for taking the time to complete this form. It will aid us in the successful management of your property.*