



PROPERTY INFORMATION FORM

(Please Print or Type)

Rental Property Address:					
City:		State:		Zip:	
County:					

OWNER INFORMATION

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

PROPERTY INFORMATION

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



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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 SIGNIFICANTLY LENGTHEN THE TIME 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.