**OWNER/PROPERTY/TENANT INFORMATION**

Please fill out the Owner/Property/Tenant information below completely and to the best of your knowledge so we may efficiently begin your account setup process. The detailed and accurate information you provide will help us manage your property to the full extent of our ability. Be sure to let us know if there is anything you are not clear on, or need further clarification with. We are here to help! *If you don’t know the answer to any of the information requested, please notate with a question mark* (**?**) *on the form.*

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| **OWNER #1 INFORMATION** | | | | | |
| First Name: | Middle Name: | | | | Last Name: |
| Name of LLC or LLP (If Applicable): | | | | | |
| Date Of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | Social Security Number: \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ | | | |
| Drivers License Number: | | | | Email: | |
| Cell Phone: | Home Phone: | | | | Work Phone: |
| Preferred Contact Method? ☐ Cell Phone ☐ Home Phone ☐ Work Phone ☐ Email ☐ Text Message | | | | | |
| Owners Home Address: | | | | | |
| City: | State: | | | | Zip Code: |
| **OWNER PREFERENCES** | | | | | |
| We communicate with you at the level at which you wish to be involved. What is your preferred amount of communication/involvement between us and you while we manage your property and its tenants? We will do our best to meet your expectations. Check which description best suits you....   * **Hands On Owner** - You wish to be informed/involved in every single decision/action from big to small concerning your property and it’s occupants. We will involve you in all decisions/actions taken and acquire prior approval when applicable. * **Average Joe Owner** – You trust us to use our best discretion. You want us to handle the normal everyday type stuff behind the scenes and keep you unburdened by its stress. We will keep you in the loop on matters of importance but not in excess. * **Turn Key Owner** – You hired us because you don’t want to be bothered with all the little stuff. We will only involve you if it’s absolutely necessary and/or because of needed repairs/maintenance in excess of the Lease mandated $300.   NOTE: Regardless of type, property specific information, rent, expenses, and etc are always fully accessible within the owner’s portal/account 24/7. | | | | | |
| Tenant Selection:   * I **Want** to be involved in approving/denying tenants. * I **Do Not Want** to be involved in approving/denying tenants. | | | | | |
| Property Maintenance/Repairs:   * I want **Management** to schedule/handle all work performed. * I want **Managemen**t to schedule/handle all the work but request **My Vendors** be used (list in OTHER VENDORS section below). * **I Will** do the work myself and/or schedule my vendors do the work on my behalf. | | | | | |
| **SPOUSE/PARTNER INFORMATION** | | | | | |
| First Name: | Middle Name: | | | | Last Name: |
| Date Of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | Social Security Number: \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ | | | |
| Drivers License Number: | | | Email: | | |
| Cell Phone: | Home Phone: | | | | Work Phone: |

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| **OWNER #2 INFORMATION** | | | | | |
| First Name: | Middle Name: | | | | Last Name: |
| Name of LLC or LLP (If Applicable): | | | | | |
| Date Of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | Social Security Number: \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ | | | |
| Drivers License Number: | | | | Email: | |
| Cell Phone: | Home Phone: | | | | Work Phone: |
| Preferred Contact Method? ☐ Cell Phone ☐ Home Phone ☐ Work Phone ☐ Email ☐ Text Message | | | | | |
| Owners Home Address: | | | | | |
| City: | State: | | | | Zip Code: |
| NOTE: Owner #2 (if applicable) receives the same level of involvement/communication as that of Owner #1 | | | | | |
| **SPOUSE/PARTNER INFORMATION** | | | | | |
| First Name: | Middle Name: | | | | Last Name: |
| Date Of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | Social Security Number: \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ | | | |
| Drivers License Number: | | | Email: | | |
| Cell Phone: | Home Phone: | | | | Work Phone: |

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| **PROPERTY INFORMATION** | | | | | | |
| Subdivision/Complex Name: | | | | | | |
| Street Address: | | | | | | Unit #: |
| City: | State: | | | Zip Code: | | |
| Property Type: ☐ House ☐ Apt ☐ Studio ☐ Condo ☐ Townhome ☐ Duplex ☐ Triplex ☐ 4-8 Units | | | | | | |
| Year Built: | Lot Size: | | | | Square Feet: | |
| How many stories is the unit? ☐ 1 ☐ 2 ☐ 3 | | Is the unit upstairs/downstairs? ☐ Up ☐ Down | | | | |
| Is the unit attached/detached? ☐ Attached ☐ Detached | | | School District: | | | |
| Is the property currently for sale? ☐ Yes ☐ No ... If yes, listing agent’s phone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Do you have a website for the property? ☐ Yes ☐ No ... http://www.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Has a death occurred in the property within the last 3 years? ☐ Yes ☐ No … If yes, why/how? \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| What are your long term plans for this property? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| **REMOTES/CODES/KEYS** | | | | | |
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| **KEYS** | | | | | |
| Keys needed for (check all that apply)? ☐ Property ☐ Mailbox ☐ Pool ☐ Storage ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **SECURITY SYSTEM** | | | | | |
| Security System Name: | | | | Security Code: | |
| Company: | | | | Phone #: | |
| If the alarm goes off is the company alerted? ☐ Yes ☐ No … If yes, what’s the password? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **GARAGE DOOR/OPENER** | | | | |
| Is the garage door motorized? ☐ Yes ☐ No | | | Model: | |
| Number of motorized garage doors? ☐ 1 ☐ 2 ☐ 3 ☐ 4 | | | Number of remotes? ☐ 1 ☐ 2 ☐ 3 ☐ 4 | |
| Is there a keypad on the outside of the garage? ☐ Yes ☐ No … If yes, what’s the code? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **SECURITY GATE** | | | | |
| Is the property in a gated community? ☐ Yes ☐ No | | | | |
| Gate Code: | | Number of remotes? ☐ 1 ☐ 2 ☐ 3 | | |
| **MAILBOX** | | | | |
| Does the mailbox require a key? ☐ Yes ☐ No | Mailbox location? | | | Mailbox #: |

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| **GARAGE/PARKING/DRIVEWAY** | | | | | |
| Is there a garage? ☐ Yes ☐ No | | | What size garage? ☐ 1-car ☐ 2-car  ☐ 3-car ☐ 4-car | | |
| Is the garage attached? ☐ Yes ☐ No | | Are there remote openers? ☐ Yes ☐ No … If so, how many? \_\_\_\_\_ | | | |
| Is there a carport? ☐ Yes ☐ No | Is the carport covered? ☐ Yes ☐ No | | | | Is there RV parking? ☐ Yes ☐ No |
| Are there any assigned parking spaces? ☐ Yes ☐ No … Covered? ☐ Yes ☐ No … How many? \_\_\_\_\_ | | | | | |
| Driveway: ☐ Paved ☐ Unpaved ☐ Gravel ☐ Combination | | | | Is parking in driveway allowed? ☐ Yes ☐ No | |
| Additional parking info: | | | | | |

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| **ROOMS** | |
| Bedrooms: ☐ 1 ☐ 2 ☐ 3 ☐ 4 | Bathrooms: ☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3 ☐ 3.5 ☐ 4 |
| Additional Rooms (check all that apply): ☐ Living Room ☐ Family Room ☐ Loft ☐ Den  ☐ Sitting Room ☐ Bonus Room ☐ Office ☐ Great Room ☐ Sunroom ☐ Wine Cellar ☐ Laundry Room | |
| Dining info (check all that apply): ☐ Dining room ☐ Formal dining room ☐ Breakfast nook | |

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| **KITCHEN** |
| Check all that apply: ☐ Refrigerator ☐ Microwave ☐ Dishwasher ☐ Garbage Disposal ☐ Stovetop ☐ Oven ☐ Range (stovetop/oven combo) ☐ Island ☐ Trash Compactor ☐ Granite Countertops |
| Additional Kitchen Info: |

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| **PROPERTY AMENITIES/ATTRIBUTES** | | | |
| Property Amenities (Check all that apply): ☐ Patio ☐ Deck ☐ Balcony ☐ Fireplace ☐ Dock ☐ Wetbar  ☐ Skylights ☐ Newly Remodeled ☐ Blinds/Drapes ☐ Ceiling Fan ☐ Wine Cellar ☐ Laundry Room  ☐ Vaulted Ceilings ☐ Media Center ☐ Whirlpool Tub ☐ Spa/Jacuzzi ☐ Sauna ☐ Pool ☐ Alarm System ☐ Air Conditioner ☐ Water Softener ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Community Amenities (Check all that apply): ☐ Park/Playground ☐ Clubhouse ☐ Fitness Center  ☐ Walking Trails ☐ Golf Course ☐ Spa/Jacuzzi ☐ Sauna ☐ Pool ☐ Tennis Court ☐ BBQ ☐ Laundry Facilities | | | |
| Location (Check all that apply): ☐ Mountain Views ☐ Ocean View ☐ Historic District ☐ Lake Front ☐ Ocean Front ☐ Gated Community | | | |
| Exterior Walls: ☐ Aluminum Siding ☐ Wood Siding ☐ Stucco ☐ Other | | | |
| Roof Composition: ☐ Asphalt Shingles ☐ Wood Shake ☐ Clay Tile ☐ Slate ☐ Concrete Tile ☐ Metal Roof ☐ Hot Mop | | | |
| Basement ☐ Yes ☐ No … If yes ☐ Finished ☐ Unfinished | | | Crawl space? ☐ Yes ☐ No |
| Fireplace? ☐ Yes ☐ No … Type: ☐ Gas ☐ Electric ☐ Wood Burning … Location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Washer/Dryer hookups? ☐ Yes ☐ No … Location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ … Type? ☐ Gas ☐ Electric | | | |
| Washer/Dryer in unit? ☐ Yes ☐ No … Who is responsible for maintaining? ☐ Owner ☐ Tenant | | | |
| Handicap Accessible? ☐ Yes ☐ No | | Security System? ☐ Yes ☐ No | |
| Smoke Detectors? ☐ Yes ☐ No | Carbon Monoxide Detectors? ☐ Yes ☐ No | | |
| Automatic Sprinklers? ☐ Yes ☐ No … If yes, where is the control panel located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **FLOORING** |
| Interior Flooring (Check all that apply):  ☐ Carpet Location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Vinyl Location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Laminate Location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Tile Location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Hardwood Location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Concrete Location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Travertine Location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **COOLING/HEATING** |
| Cooling: ☐ N/A ☐ Central ☐ Wall/Window Unit ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Heating: ☐ Central ☐ Wall Heater ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **YARD/OUTSIDE** | |
| Backyard? ☐ Yes ☐ No … Fenced? ☐ Yes ☐ No | Front yard? ☐ Yes ☐ No … Fenced? ☐ Yes ☐ No |
| Automatic Sprinklers? ☐ Yes ☐ No … If Yes, location of control panel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **UTILITIES/APPLIANCES/VENDORS** | | | | | | |
| Appliances included for Tenant use (Check all that apply): ☐ Washer/Dryer ☐ Refrigerator ☐ Microwave ☐ Dishwasher ☐ Garbage Disposal ☐ Stovetop ☐ Oven ☐ Range (stovetop/oven combo) | | | | | | |
| **WATER** | | | | | | |
| ☐ Owner Pays ☐ Tenant Pays | | | Water Source: ☐ Public Utility ☐ Private Well | | | |
| Billing is currently in owner’s name? ☐ Yes ☐ No | | | | Billing is currently in tenant’s name? ☐ Yes ☐ No | | |
| Main water shut off location? | | | | | Is the water currently on? ☐ Yes ☐ No | |
| Water Company Name: | | | | | | |
| Payment Address: | | | | | | |
| Payment Amount: $ | Payment Due Date: | | | | | Account #: |
| **SEWER/SEPTIC** | | | | | | |
| ☐ Owner Pays ☐ Tenant Pays | | Is there a septic system ☐ Yes ☐ No | | | | |
| When was the septic last pumped/emptied? | | | | | | |
| Septic Service Company Name: | | | | | | Phone: |
| **POWER (ELECTRICITY/GAS)** | | | | | | |
| ☐ Owner Pays ☐ Tenant Pays | | | | | | |
| Billing is currently in owner’s name? ☐ Yes ☐ No | | | | Billing is currently in tenant’s name? ☐ Yes ☐ No | | |
| Fuse Box location? | | | | | Is the power currently on? ☐ Yes ☐ No | |
| Main gas shut off location? | | | | | Is the gas currently on? ☐ Yes ☐ No | |
| Power Company Name: | | | | | Phone #: | |
| Payment Address: | | | | | | |
| Payment Amount: $ | Payment Due Date: | | | | | Account #: |

\* \* \* Free PDF Preview End \* \* \*

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