

PROPERTY OWNER INFORMATION SHEET

Date: _____

Name:(1)(Mr./Mrs./Ms./Miss) _____

Name:(2)(Mr./Mrs./Ms./Miss) _____

Social Security #/Tax Id#: (1) _____ Social Security #/Tax Id#: (2) _____

Rental Property Address: _____

Mail Box #: _____ Garage Space #: _____ Year Built: _____

New Address: (1) _____

Phone: (Home) _____ (Office) _____ (Fax) _____

E-mail Address(es) (1) _____

New Address: (2) _____

Phone: (Home) _____ (Office) _____ (Fax) _____

E-mail Address(es) (2) _____

Emergency Contact: _____ Phone: _____

Date Owner Expects to Return to the Property: _____

How Many Hours Ahead/Behind Is New Address From Washington D.C.?: _____

OWNER PROCEEDS:

_____ Deposit rent balance in the bank

Bank: _____ Phone: _____

Address: _____

Account #: _____ Checking / Savings

Name on Account: _____

_____ Retain accumulation in my escrow account with your company

_____ Mail all proceeds to Owner

_____ Special Instructions: _____

Disbursement Schedule: Monthly / Quarterly / Semi-Annually / Yearly (circle one) Amount:\$ _____

MORTGAGES:

Is agent to make mortgage payments? ____ No ____ Yes Beginning? _____

First Trust

Lender: _____

Phone: _____

Address: _____

Amount of Payment: \$ _____ Loan #: _____ Due: _____

Second Trust / Home Equity

Lender: _____

Phone: _____

Address: _____

Amount of Payment: \$ _____ Loan #: _____ Due: _____

Owner must notify mortgage companies if Agent is to handle account. Be sure to supply mortgage payment book or cards. Agent must have funds in your account to make payments, and is under no obligation to advance funds for these payments; therefore, Landlord should maintain at least one month's advance mortgage payment in the account.

MEMBERSHIPS/ASSOCIATIONS:

Is Agent to pay Homeowners or Condominium payment? ____ No ____ Yes Beginning? _____

Homeowners or Condominium: _____

Address: _____ Amount: \$ _____

Contact Person: _____ Phone #: _____

How Paid: Monthly / Quarterly / Semi-Annually / Yearly (circle one)

Items Covered by Fee: _____

Other: _____

Complete Rules and Regulations of Condominium or Association are attached ____ No ____ Yes

Tenant is required to pay the pool or tennis membership fees ____ No ____ Yes

Is there a co-op/condo move-in or move-out fee? ____ No ____ Yes If yes, how much? _____

If Agent is to pay, please supply any payment books or cards. Owner must notify Association if Agent is to handle account.

INSURANCE: (Homeowner's Policy must be converted by Owner, as required)

Is Agent to pay insurance premiums? ____ No ____ Yes Beginning? _____

Insurance Company: _____

Agent: _____ Phone: _____

Address: _____

Policy #: _____ Expires: _____

Owner must notify Insurance Company/Agent if Management Agent is to handle account, and add Agent as co-insured or "interested party".

EQUIPMENT LEFT WITH THE HOUSE:

Make	Warranty/Maintenance Agreement
Refrigerator: _____	Yes/No
Range/Oven: _____	Yes/No
Exhaust/ Fan Hood: _____	Yes/No
Microwave: _____	Yes/No
Disposal: _____	Yes/No
Dishwasher (Portable/Installed): _____	Yes/No
Trash Compactor: _____	Yes/No
AC (Gas/Electric): _____	Yes/No
AC Units (Wall/Window): _____	Yes/No
Furnace: _____ _____ Forced Air _____ Hot Water _____ Steam Fuel: _____ Gas _____ Oil _____ Electric _____ Other	Yes/No
Heat Pump: _____	Yes/No
Electronic Air Filter: _____	Yes/No
Dehumidifier: _____	Yes/No
Humidifier (Portable/Installed): _____	Yes/No
Attic Fan: _____	Yes/No
Water Heater: _____	Yes/No
Washer: _____	Yes/No
Dryer: _____	Yes/No
Sump Pump: _____	Yes/No
Garage Door Opener: _____ How Many Controls: _____	
Security System: _____ Code: _____	
Monitoring Telephone #: _____ Are Smoke Detectors Attached to Security System? _____ Yes _____ No	
Smoke Detectors (Battery/Electric): _____ How Many?: _____	
Locations: _____	
Other: _____	

Describe Phone Equipment: Number of phone lines, jacks, outlets, locations, equipment left with house:

Are You Leaving Any Personal Items With the House? _____ Yes _____ No. If yes, list on a separate sheet of paper and attach.
(Agent not responsible for items left with house) _____ (owner initials)

PLEASE PACK ALL ORIGINAL APPLIANCE BOOKS. LEAVE COPIES OF APPLIANCE BOOKS IN LOOSE LEAF FILE IN KITCHEN

SERVICE WARRANTIES OR CONTRACTS: (Attach copy if available)

Item: _____ Expires: _____
Company: _____ Phone: _____

Item: _____ Expires: _____
Company: _____ Phone: _____

Item: _____ Expires: _____
Company: _____ Phone: _____

Item: _____ Expires: _____
Company: _____ Phone: _____

Indicate which contracts you wish us to renew: _____

Warranties or Service Contracts to be held at our Management Office

OWNER CONTRACTORS:

Name: _____
Area of Expertise: _____ Phone: _____

Name: _____
Area of Expertise: _____ Phone: _____

Name: _____
Area of Expertise: _____ Phone: _____

Name: _____
Area of Expertise: _____ Phone: _____

You may indicate above any contractors you wish us to use. Agent will contact Owner's contractors if requested whenever possible, but in no event shall Agent be held liable should Agent fail to do so. It is advisable that you contact your suggested vendor to arrange for billing through our company.

UTILITIES:

Electric Company: _____
Meter Location: _____ In _____ Out _____
Circuit Breaker/Fuse Box Location: _____

Gas Company: _____
Meter Location: _____ In _____ Out _____ Computer Read _____

Water Company: _____
Meter Location: _____ In _____ Out _____
Main Water Shut-off Valve Location: _____
Location of Outdoor hose bib shut-offs: _____

Fuel Oil Company: _____

Cable Company: _____

Trash Company: _____ Pick-up day(s) _____
_____ Tenant Responsibility _____ Included in Rent _____ Tenant to Reimburse Owner

Recycling Company: _____ Pick-up day(s): _____

Septic Tank Company: _____

(Make sketch of location of tank and field on separate piece of paper)

Well Water Pump: _____

(Make sketch of location of well on separate piece of paper)

HOUSE DESCRIPTION:

Living Room: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

Dining Room: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

Family Room: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

Kitchen: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

Bedroom Mast Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

Bedroom #2: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

Bedroom #3: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

Bedroom #4: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

Bedroom #5: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

Den/Study: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

Rec Room: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

_____: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

_____: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

_____: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

_____: Floor level: _____ Flooring: _____
 Dimensions: _____ Window Treatments: _____

of Full baths: Location(s): _____

of Half baths: Location(s) _____

of Fireplaces: _____ Location(s): _____

Please indicate if fireplace is gas or wood burning

Parking: _____ Garage _____ Carport _____ Attached _____ Detached _____ # of Cars
 _____ Assigned Parking Space # _____ Driveway _____ Street

SCHOOL/TRANSPORTATION INFORMATION:

Preschool(s): _____

Elementary School: _____

Jr. High School: _____

Sr. High School: _____

Public Transportation: _____

 Please indicate the type of service and distance to pick-up/drop-off points

