



OWNER INFORMATION

Owner Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Work Phone #: _____

Home Phone #: _____

Cellphone #: _____

Date of Birth: _____

Name on Check (Banking Information): _____

Tax ID Number OR Social Security: _____

Who can we thank for referring you? (If any) _____

Requested Portfolio Minimum (If any) \$ _____

Current Tenant Information (If applicable)

Name (s): _____

Phone #(s): _____

Date Available: _____



PROPERTY INFORMATION SHEET (Fill out one info sheet PER property.)

Address of the property: _____

Target Rent per Month: _____ to _____

Target Deposit _____ Neighborhood: _____

Property Type (Circle one): House Town-Home Duplex Apartment Condo

Year Built: _____ **Finished Sq. Footage:** _____ **Total Sq. Footage:** _____

Total Bedrooms: _____ Upstairs _____ Main Floor _____ Basement _____

Total Bathrooms: _____ Upstairs _____ Main Floor _____ Basement _____

Total Living areas: _____ Upstairs _____ Main Floor _____ Basement _____

Basement: NONE FINISHED PARTIALLY FINISHED

Total Number of Floors: _____

Parking (Circle all the apply):

1 car Garage	4 Car Garage	Slab Parking	Street Parking
2 Car Garage	Carpot	Reserved Parking _____	
3 Car Garage	RV Parking	Assigned Parking _____	

Please Circle/ Check all that apply to your property:

Evaporative Cooler	Living Room	Jetted Tub
Laundry Hook-ups/Room	Theater Room	Garden Tub
Air Conditioning	Dishwasher	Separate Tub/Shower (Mstr Bth)
Electric / Gas Heat	Microwave	Washer / Dryer Included
Walk-In Closets	Fridge	Loft Area
Walk-In Pantry	Oven	Ceiling Fans
Tile Floors	Double Oven	Alarm System
High / Vaulted Ceilings	Disposal	Fireplace
Dining Room	Granite Countertops	Hardwood Floors
Family Room	Concrete Countertops	Cable Ready
Office Space	Stainless Steel Appliances	Cold Storage
Balcony	Central Vacuum	Custom Blinds/Shutters
Water Softener	Fitness Center	Pool
Patio	Deck	Porch
Stainless Steel Appliances	Carpet	

Counter Top Type: _____

Pets Allowed: Yes ___ No ___

Smoking Allowed: Yes ___ No ___

Fully Landscaped Yard: Yes _____ No _____

Fully Fenced Yard: Yes ___ No ___ Partial ___ If so, where?: _____

Sprinkler System: **Y** **N** Automatic? **Y** **N**



Property Management INC.

Please Circle all Utilities to be paid for by **TENANT**: Electric Gas Water Sewer Trash

Who is responsible for yard care when home is vacant: Owner____ PMI____ Tenant____ HOA____

Who is responsible for yard care when home is rented: Owner____ PMI____ Tenant____ HOA____

Utility Companies:

Electric: _____

Gas: _____

Water/Sewer/Trash: _____

Mailbox #: _____ Mailbox Keys: _____

House Keys: _____ Garage Door Openers: _____ Garage Door Code _____

Is your home part of an HOA or have a Home Warranty? Yes ___ No ___ Name: _____

Phone #: _____

Address: _____

Email/ Website: _____

HOA fees are included in rent? Y N

What neighborhood amenities are included?

How do residents gain access to these amenities?

Please list any other amenities/ details you would like placed in your ad: _____

Property will be ready and available for lease on: _____

***Please be sure that all information on this sheet is correct and accurate as it will be used for all advertising, etc.**