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

Owner Name(s):

Percentage of Ownership (list % for how you want income reported on 1099):

Property Address:

Property Type (Check one):  House   Townhome   Duplex   Apartment   Condo   Multifamily

Name of Neighborhood:

Year Built:

Total Sq. Footage: 

Total Living Area:     Upstairs:    Main Floor:    Basement:

Total Number of Floors: 

Total Bedrooms:   Upstairs:    Main Floor:    Basement:

Total Bathrooms:  Upstairs:    Main Floor:    Basement:

Garage: Size (# of cars)     ATTACHED   DETACHED  NONE

Parking:  ASSIGNED  If yes, Space #(s)   UNASSIGNED  NONE

Guest Parking:  DESIGNATED AREAS  STREET PARKING  NONE

Basement:   NONE   FINISHED   PARTIALLY FINISHED

What type of roof on the Property:  Composite shingle  Wood Shingle  Flat (tar & gravel)

Metal  Other:  Approx Age of Roof:  years

Name of Homeowners Association (if any):

Manager’s name:  Phone:

Address:

Neighborhood Amenities included (if any):

How do residents gain access to these amenities:

Are there any user fees for common facilities?  Yes  No If yes, describe:

HOA fees included in rent?  Yes   No  (We recommend to include in the Rent amount)

HOA fees $

Fee Payment Frequency:

For Rent or For Sale Signs allowed in Community?  Yes  No

\* Please email in your HOA Community CCRs (Rules and Regs)\*

If Property is a condominium or townhome, describe parking spaces (number, if assigned, location):

Mailbox Location and # (if applicable):  */*

Is Property Ready to Lease / Rent Ready?   Yes  No If no, describe:

Dates Available for Rent:

Target Rent (per Month) to Start Marketing Property: $

Are Pets Allowed?  Yes  No If yes, please specific what kind and how many:

Gate Code:

Alarm Code:

Utility Companies (Even if tenant is not responsible):

|  |  |
| --- | --- |
| Electricity: | Gas: |
| Water: | Sewer: |
| Trash: | Trash Pickup Day: |
| Cable: | Internet: |

Please CHECK all Utilities to be paid for by *TENANT*:

Electric    Gas   Water  Sewer   Trash   Recycling  Other: 

LANDSCAPING - Do you love your landscaping? If so, you may want to keep your landscaper on your payroll.

Do you want the *TENANT* to be responsible for Landscaping?   Yes    No

Do you have a Home Warranty?   Yes    No

Name: 

Address: 

Email/ Website: 

Phone #:  Policy #: 

Current Tenant Information (if applicable):

Name(s): /

Phone number(s): /

Email(s): /

The Property has the items marked below: (check Yes (Y), No (N) or Unknown (U))

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Y** | **N** | **U** | **Additional Information** |
| Cable Ready |  |  |  |  |
| Carpet |  |  |  | Where: Age: |
| Central A/C |  |  |  | Electric Gas Heat pump number of units: |
| Wall/Window A/C units |  |  |  | Number of units: |
| Central Heat |  |  |  | Number of units: |
| Central Vacuum |  |  |  |  |
| Other Heat |  |  |  | If yes describe: |
| Fence |  |  |  | Wood  Chain-link Other:  Fully Enclosed:  Y  N |
| Fireplace & Chimney |  |  |  | Woodburning  Mock  Gas Other: |
| Ceiling Fans |  |  |  | Number of units: |
| Carport |  |  |  |  |
| Garage |  |  |  | Number of cars: |
| Garage Door Openers |  |  |  | Number of remotes: |
| Patio/Deck |  |  |  | Describe: |
| Outdoor Grill |  |  |  | Location: |
| Hot Tub / Spa |  |  |  |  |
| Pool |  |  |  | In-ground  Above Ground Heater  yes  no |
| Septic / On-Site Sewer |  |  |  | If yes, attach information about On-Site Sewer Facility |
| Sprinkler System |  |  |  | Automatic  Manual |
| Water Heater |  |  |  | Electric  Gas  Other:  Number of Units: |
| Washer / Dryer Hookup |  |  |  | Dryer hookups are:  gas  electric |
| Washer |  |  |  |  |
| Dryer |  |  |  |  |
| Sauna |  |  |  |  |
| Alarm System |  |  |  | Owned  Leased From: |
| Kitchen Equipment |  |  |  | Range-oven combo  Cooktop  Oven  Microwave  Dishwasher  Disposal  Hood Fan  Trash  Compactor  Refrigerator  Other: |

Additional Amenities not Listed or Comments:

Is the Property Move In Ready?   Yes    No

If No, please list the work you need our help completing on your behalf:

Cleaning   Yes    No

Carpet Cleaning   Yes    No

Painting (touch up painting)   Yes    No

Handyman Services (please detail):

Are you aware of any item, equipment or system in or on the property in need of repair?  Yes  No

If yes, please explain:

Date of last service for the following items AND how often are you performing this service (if applicable):

HVAC:

Furnace:

Air Conditioning Ducts:

Chimney sweep (if applicable):

Dryer Vents:

Moss Treatment Roof:

Gutter Cleanout:

Pressure Washing:

Other recurring maintenance or comments:

What do you love most about this property?