

OWNER INFORMATION

Owner Name:						
Owner Name: Owner Address:						
City, State, Zip:						
Email Address:						
Work Phone #:						
Home Phone #:						
Cellphone #:						
Do you have an existing pr Provide Property Manager)			
Current Occupancy:	Vacant	Occupied	Owner Occupied	Other		
Total Number of Tenants:						
	Current	Tenant Information (I	f applicable)			
Name (s):						
Phone #(s):						
Date Available:						
Name (s):						
Phone #(s):						
Date Available:						
Name (s):						
Phone #(s):						
Date Available:						



Address of the proper	ty:					
Target Rent per Month	n:	to				
Target Deposit	Subdivi					
Property Type (Circle	one): Single Family	/ Town-Home	Duplex A	partment	Condo Tiny Home	
Year Built:	Acres:	Sq. Fo	otage (Finish	ned/Total): Source:		
Total Bedrooms:	Upstairs	Main Floo	or		t	
Total Bathrooms:	Upstairs	Main Flo	or	Basemer	nt	
Total Living areas:	Upstairs	Main Flo	oor	_ Baseme	nt	
Basement: NONE FII	NISHED PARTIALL	Y FINISHED				
Total Number of Floor	s:					
Parking (Circle all the a	apply): 4 Car Garage	Slab I	Parking		Street Parking	
2 Car Garage	Carport	Reser	rved Parking			
3 Car Garage	RV Parking					
Please Circle/ Check a	II that apply to you					
Air Conditioning Electric / Gas Heat Evaporative Cooler Laundry Hook-ups/Roo Washer / Dryer Includ Hardwood Floors Tile Floors	Wa Wa om Ce ed Ce Dis	ness Center alk-In Closets alk-In Pantry ntral Vacuum eiling Fans shwasher crowave		Ga Se Fi Al Ca	etted Tub arden Tub eparate Tub/Shower (Mstr replace larm System able Ready old Storage	Bth)
Carpet High / Vaulted Ceilings Dining Room Family Room Office Space Living Room Loft Area Theater Room	S Ov Do Dis Co Gr: Co	dge een suble Oven sposal untertop Type: anite Countertops ncrete Counterto	ps	Cu Pa Do Pa Ba	Vater Softener ustom Blinds/Shutters atio eck orch alcony	
Heat Pump Elect Floor Entrance Solar Jet Prop	ing Fuel: 1C ric 2 (ral Gas 3+ - 1 \ ane 2 \ ane Leased 3+ Zo	r Conditioning Sentral Central Central Window / Wall Window / Wall Window / Wall ned one her:		Wa Pri Se Se Ae Wa Cit Co No	ater / Sewer ater System ivate Well wer System ptic crobic Septic ater Storage cy o-Op Water one - Water one - Sewer	



Other:

Please complete all that apply to your property:

Pets Allowed: Yes No If yes, please note any restrictions: Dogs Only Cats Only Other:								
Smoking Allowed: Yes	No							
Fully Landscaped Yard:	Yes No							
Fully Fenced Yard: Yes	No	Partial	If so, w	here?:			-	
Sprinkler System: Yes	No	Autor	matic? Yes	No				
If yes, please specify the locations of the timer, valve box, and water shut off: Please include any instructions for winterizing and de-winterizing the system.								
Who is responsible for	yard care whe	n home is	vacant: Own	er PI	MI	Tenant	HOA	
Who is responsible for	yard care whe	n home is	rented: Owne	er PN	ИI 1	enant	HOA	
Designate Responsibility	ty for Utilities	::						
Electricity:	Owner	PMI	_Tenant	_ HOA	_			
Gas:	Owner	PMI	_Tenant	_ HOA	_			
Water:	Owner	PMI	_Tenant	_ HOA				
Garbage:	Owner	PMI	_Tenant	_ HOA				
Recycling:	Owner	PMI	_Tenant	_ HOA				
Recycling:	Owner	PMI	_Tenant	_ HOA				
Sewage:	Owner	PMI	_Tenant	_ HOA				
Pest:	Owner	PMI	_Tenant	_ HOA				
HOA Fees:	Owner	PMI	_Tenant	_ HOA				
Pool Maintenance:	Owner	PMI	_Tenant	_ HOA				



Please provide the following information pertaining to your property:

Utility Suppliers / Companies:
Electric:
Gas:
Water:
Garbage:
Recycling:
Sewage:
Lawn Care:
Pest:
Other:
Locations:
Please provide details on where these items are located.
Breaker Box:
Water Heater Location and Age.
Gas Shut off Valve:
Interior and Exterior Water Shut offs:
When is the scheduled garbage and recycling collection day?
Do you have established maintenance providers you want to maintain?



	Mailbox Keys:	
House Keys:	·	
Community keys / Fo	bs:	
Garage Door Opener	s:	
Garage Door Code _		
Parking pass		
Storage space keys _		
Other:		
	combo, Smart Home, other)	or codes that may be required for entrance. (SABOR Supra, four
Name of Home Warra	Warranty for the property? nty Company/Provider: arranty.American Home Shield.S	Yes No elect Home Warranty.Liberty Home Guard.Cinch Home Services
Phone #		
Address:		
Address:		
Address:		
Address: Email / Website: Is your home part of		
Address: Email / Website: Is your home part of Name of HOA: Phone #	a Home Owners Association	? Yes No
Address: Email / Website: Is your home part of Name of HOA: Phone # Address:	a Home Owners Association	? Yes No
Address: Email / Website: Is your home part of Name of HOA: Phone # Address:	a Home Owners Association	? Yes No



HOA Information
Who will be responsible for HOA fees? Owner Tenant
HOA fees are included in rent? Yes No
How much is the HOA fees? Annual. Monthly What neighborhood amenities are included?
POA includes: Clubhouse Fitness Center Pool Spa/Hot tub Sauna Playground BBQ/Picnic area Coworking Space/Business Center Basketball Court Tennis Court Dog Park Landscaping Electric car charging N/A Other:
Please list any utilities that the HOA includes in their fees / costs?
How do residents gain access to these amenities?
Please provide any additional information that you feel we should be aware of <u>OR</u> 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.



PAYMENT OPTION FORM

Property Owner Name:	
Property Address:	
Name:	
Account Type: ☐ Checking ☐ Savings	☐ Business
Name as it appears on the account:	
Address on the Account:	
Account Number:	
*Note: PMI	GUARANTEES owner draws to be processed by the 10th
business day of the month, as long as the	ne tenant submits their payment on time for that month.
Landlord Name	Landlord Signature Date
Landlord Name	Landlord Signature Date