



Owner Information

Owner Name(s): _____

Address: _____

City, State, Zip: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Who can we thank for referring you: _____

What your goals: _____

Current Tenant Information (If applicable)

Tenant Name(s): _____

Phone: _____

Lease Start Date: _____

Lease End Date: _____

Property Information Sheet (one per property)

Address of Property: _____

City, State, Zip: _____

Target Rent per Month: _____ to _____

Property Type (Circle one): Single Family Town Home Duplex 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 (Circle one): None Finished Partially Finished

Total Number of Floors: _____

Parking (Circle all the apply):

- | | | |
|--------------|--------------|------------------|
| 1 Car Garage | 3 Car Garage | Street Parking |
| 2 Car Garage | Carport | Reserved Parking |

Please circle utilities paid by tenant:

- | | | |
|----------|-------|-------------|
| Electric | Water | Trash |
| Gas | Sewer | Other _____ |

Please check all that apply to your property:

- Living Room
- Dining Room
- Family Room
- Office Space
- Loft Area
- Theater Room
- Balcony
- Patio
- Deck
- Porch
- Pool
- Fitness Center
- Walk-In Closets
- Walk-In Pantry
- Washer Connection
- Dryer Connection
- Washer Included
- Dry Included
- Water Softener
- Electric Heat
- Gas Heat
- Tile Floors
- Carpet
- Hardwood Floors
- High / Vaulted Ceilings
- Counter Top Type: _____
- Stainless Steel Appliances
- Dishwasher
- Microwave
- Fridge
- Oven
- Double Oven
- Disposal
- Central Vacuum
- Jetted Tub
- Garden Tub
- Separate Tub/Shower (Master Bath)
- Ceiling Fans
- Alarm System
- Fireplace
- Cable Ready
- Custom Blinds/Shutters

Pets allowed: Yes _____ No _____

Smoking allowed: Yes _____ No _____

Landscaped Yard: Yes _____ No _____

Who is responsible for yard care: Owner _____ Tenant _____ HOA _____

Fenced Yard: Yes _____ No _____ Partially _____

Sprinkler System: Yes _____ No _____

Is sprinkler system automatic? Yes _____ No _____



Utility Companies:

Electric: _____

Gas: _____

Water/Sewer: _____

Trash: _____

Mailbox #: _____

Mailbox Keys: _____

House Keys: _____

Garage Door Opener: _____

Is your home part of HOA?

Yes _____

No _____

Address: _____

City, State, Zip: _____

Email/Website: _____

Phone: _____

HOA fees included in rent?

Yes _____

No _____

What neighborhoods amenities are included?

Do you have home warranty? Yes _____ No _____

Address: _____

City, State, Zip: _____

Email/Website: _____

Phone: _____

Thank you for completing this form. Please contact us with any questions you may have.

Making Property Management *Manageable*