

**OWNER INFORMATION**

Owner(s) Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Email: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cellphone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Banking Information for Payment (Owner Draws):**

Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Tax ID Number OR Social Security: \_\_\_\_\_

How did you hear about us?

- Internet
- Advertisement
- Other
- Realtor
- Referral

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

**Current Tenant Information (If applicable)**

Name (s): \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_ Lease Amount: \_\_\_\_\_

**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 Number of Floors:** \_\_\_\_\_

**Total Bedrooms:** \_\_\_\_\_ Upstairs \_\_\_\_\_ Main Floor \_\_\_\_\_ Basement \_\_\_\_\_

**Total Bathrooms:** \_\_\_\_\_ Upstairs \_\_\_\_\_ Main Floor \_\_\_\_\_ Basement \_\_\_\_\_

**Total Living areas:** \_\_\_\_\_ Upstairs \_\_\_\_\_ Main Floor \_\_\_\_\_ Basement \_\_\_\_\_

**Basement:** NONE FINISHED PARTIALLY FINISHED

**Parking:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1 car Garage           | <input type="checkbox"/> 3 Car Garage           | <input type="checkbox"/> Carport        |
| <input type="checkbox"/> 2 Car Garage           | <input type="checkbox"/> 4 Car Garage           | <input type="checkbox"/> Street Parking |
| <input type="checkbox"/> Slab Parking           |   |   |
| <input type="checkbox"/> Reserved Parking _____ | <input type="checkbox"/> Assigned Parking _____ |   |

**Please Circle/ Check all that apply to your property:**
**Main Living Areas**

- |   |                                   |   |                                       |
|---|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> <b>Living Room</b> Length _____ Width _____  | <input type="checkbox"/> Hardwood | <input type="checkbox"/> Tile           | <input type="checkbox"/> Ceiling Fans |
|   | <input type="checkbox"/> Carpet   | <input type="checkbox"/> Fireplace      |                                       |
| <input type="checkbox"/> <b>Family Room</b> Length _____ Width _____  | <input type="checkbox"/> Hardwood | <input type="checkbox"/> Tile           | <input type="checkbox"/> Ceiling Fans |
|   | <input type="checkbox"/> Carpet   | <input type="checkbox"/> Fireplace      |                                       |
| <input type="checkbox"/> <b>Dining Room</b> Length _____ Width _____  | <input type="checkbox"/> Hardwood | <input type="checkbox"/> Tile           | <input type="checkbox"/> Ceiling Fans |
|   | <input type="checkbox"/> Carpet   | <input type="checkbox"/> Built in hutch |                                       |
| <input type="checkbox"/> <b>Office Space</b> Length _____ Width _____ | <input type="checkbox"/> Hardwood | <input type="checkbox"/> Tile           |                                       |
|   | <input type="checkbox"/> Carpet   | <input type="checkbox"/> Ceiling Fans   |                                       |
| <input type="checkbox"/> <b>Theater Room</b> Length _____ Width _____ |                                   |   |                                       |

**Kitchen:** Length \_\_\_\_\_ Width \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-In Pantry             | <input type="checkbox"/> Disposal             | <input type="checkbox"/> Quartz Countertops  |
| <input type="checkbox"/> Stainless Steel Appliances | <input type="checkbox"/> Granite Countertops  | <input type="checkbox"/> Formica Countertops |
| <input type="checkbox"/> Trash Compactor            | <input type="checkbox"/> Concrete Countertops | <input type="checkbox"/> Single Oven         |

- |                                      |                                     |                                       |
|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Double Oven | <input type="checkbox"/> Microwave  | <input type="checkbox"/> Ceiling Fans |
| <input type="checkbox"/> Fridge      | <input type="checkbox"/> Dishwasher |                                       |

**Master Bedroom:** Length \_\_\_\_\_ Width \_\_\_\_\_

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Walk-In Closets         | <input type="checkbox"/> Carpet          | <input type="checkbox"/> Balcony      |
| <input type="checkbox"/> High / Vaulted Ceilings | <input type="checkbox"/> Hardwood Floors | <input type="checkbox"/> Ceiling Fans |

**Master Bathroom:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Tub              | <input type="checkbox"/> Jetted Tub         | <input type="checkbox"/> Dual sink vanity |
| <input type="checkbox"/> Stall Shower     | <input type="checkbox"/> Single sink vanity |   |
| <input type="checkbox"/> Dual sink vanity |   |   |

**Bedroom 1:** Length \_\_\_\_\_ Width \_\_\_\_\_

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Walk-In Closets         | <input type="checkbox"/> Carpet          | <input type="checkbox"/> Ceiling Fans |
| <input type="checkbox"/> High / Vaulted Ceilings | <input type="checkbox"/> Hardwood Floors |                                       |

**Bedroom 2:** Length \_\_\_\_\_ Width \_\_\_\_\_

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Walk-In Closets         | <input type="checkbox"/> Carpet          | <input type="checkbox"/> Ceiling Fans |
| <input type="checkbox"/> High / Vaulted Ceilings | <input type="checkbox"/> Hardwood Floors |                                       |

**Bedroom 3:** Length \_\_\_\_\_ Width \_\_\_\_\_

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Walk-In Closets         | <input type="checkbox"/> Carpet          | <input type="checkbox"/> Ceiling Fans |
| <input type="checkbox"/> High / Vaulted Ceilings | <input type="checkbox"/> Hardwood Floors |                                       |

**Bedroom 4:** Length \_\_\_\_\_ Width \_\_\_\_\_

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Walk-In Closets         | <input type="checkbox"/> Carpet          | <input type="checkbox"/> Ceiling Fans |
| <input type="checkbox"/> High / Vaulted Ceilings | <input type="checkbox"/> Hardwood Floors |                                       |

**Bathroom 1: Location:** \_\_\_\_\_

- |                                 |                                      |                                    |
|---------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> ½ bath | <input type="checkbox"/> Full Bath   |                                    |
| <input type="checkbox"/> Tub    | <input type="checkbox"/> Jetted Tub  | <input type="checkbox"/> Dual Sink |
| <input type="checkbox"/> Stall  | <input type="checkbox"/> Single sink |                                    |

**Bathroom 2: Location:** \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

- |                                 |                                      |                                    |
|---------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> ½ bath | <input type="checkbox"/> Full Bath   |                                    |
| <input type="checkbox"/> Tub    | <input type="checkbox"/> Jetted Tub  | <input type="checkbox"/> Dual sink |
| <input type="checkbox"/> Stall  | <input type="checkbox"/> Single sink |                                    |

**Bathroom 3: Location:** \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

- |                                 |                                      |                                    |
|---------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> ½ bath | <input type="checkbox"/> Full Bath   |                                    |
| <input type="checkbox"/> Tub    | <input type="checkbox"/> Jetted Tub  | <input type="checkbox"/> Dual sink |
| <input type="checkbox"/> Stall  | <input type="checkbox"/> Single sink |                                    |

**HVAC**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Oil Heat            | <input type="checkbox"/> Evaporative Cooler |
| <input type="checkbox"/> Electric Heat    | <input type="checkbox"/> On-demand Hot Water |   |
| <input type="checkbox"/> Gas Heat         | <input type="checkbox"/> Water Heater        |   |

**Laundry**

- Washer / Dryer Included  Laundry Hook-ups/Room

**Additional Features:**

- Cable Ready  Central Vacuum  Fitness Center  
 Alarm System  Custom Blinds/Shutters  
 Cold Storage  Water Softener

**Exterior:**

- Pool  Porch  Fully Fenced Yard  
 Patio  Barbeque Grill  Partially Fenced Yard  
 Deck  Fish Pond  Sprinkler System  
 Fully Landscaped Yard

**Pets Allowed:**

- Yes  No

**Smoking Allowed:**

- Yes  No

**Locks:**

- Front Door:      Keyless Lock   Knob   Knob & Deadbolt   Brand: \_\_\_\_\_  
 Side Door:        Keyless Lock   Knob   Knob & Deadbolt   Brand: \_\_\_\_\_  
 Back Door:        Keyless Lock   Knob   Knob & Deadbolt   Brand: \_\_\_\_\_  
 Garage Entrance: Keyless Lock   Knob   Knob & Deadbolt   Brand: \_\_\_\_\_

**Who is responsible for yard care when home is vacant:**

- Owner  Tenant  
 PMI  HOA

**Who is responsible for yard care when home is rented:**

- Owner  Tenant  
 PMI  HOA

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

- Electric  Oil  Sewer  
 Gas  Water  Trash

**Utility Companies:**

Electric: \_\_\_\_\_  
Gas: \_\_\_\_\_  
Water / Sewer: \_\_\_\_\_  
Trash: \_\_\_\_\_

**Keys and Openers:**

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 \_\_\_\_

Company 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:** \_\_\_\_\_