

PROPERTY INFORMATION QUESTIONNAIRE

ADDRESS _____ CITY _____ ZIP _____

Closest cross street _____ County _____

Is this property subject to any pending legal action or foreclosure? _____

DESCRIPTION:

Year home built _____ # bedrooms _____ # baths _____ Approximate sq. footage _____
 Are there hardwood floors? _____ Any special care? _____
 Are the lot lines different from what they appear to be? _____
 Are there storm windows? _____ Is there ceiling and wall insulation? _____
 Is the yard fenced? _____ Does it belong to you or your neighbor? _____
 Is there a jetted tub or hot tub? _____ Who services it? _____
 Is there a sprinkling system? _____ Where is the turn-off valve? _____
 Where is the shut-off valve to your main water supply? _____
 Is there an automatic garage door opener? _____ How many remotes? _____
 What type of roof? _____ Age? _____ Condition? _____
 Is all plumbing in good working order? _____ Water Heater _____ gas _____ electric
 Is there a fireplace? (gas or wood) _____ woodstove? _____ When was it last cleaned? _____
 Is there a security system? _____ Monitoring required? _____ Alarm Code _____
 Is there air conditioning? Yes _____ No _____ Mail Box # _____ Parking space # _____
 Storage # _____

HOA:

Are there HOA rules governing this property? Yes _____ No _____ (If yes, please submit to our office.)
 Management Company Name: _____
 Contact Person: _____ Phone Number: _____
 Which Utilities are covered under your HOA? _____
 If you own a condo, do you have a floor plan for your unit? Yes _____ No _____ (If yes, please submit to our office.)

UTILITIES:

Heat source: _____ gas size and location of filters _____
 _____ electric heat pump / forced air / baseboard? _____
 _____ oil size of tank _____ location _____
 preferred service vendor _____
 Water Co: _____ Sewer Co: _____ Garbage Co: _____
 Phone Co: _____ Cable Co: _____ Alarm Co: _____

APPLIANCES:

Range/Oven? _____ Dishwasher? _____ Refrigerator? _____ Disposal? _____
 Microwave? _____ Washer/Dryer? _____ Compactor? _____ Other? _____

SCHOOLS:

Elementary _____ Middle _____ High _____

DO YOU WANT TO ALLOW PETS? _____ SMOKERS? _____

(Documented Service/Companion animals are exempt from pet restrictions & requirements.)

INSURANCE:

Company _____ Agent _____ Phone _____

LEASE TERMS? _____

INITIAL ASKING RENT? _____

Emergency contact other than yourself: _____ Phone: _____

 Owner's signature Date