



New Client Management Application

Property Address: _____

Owner Information

Name: _____

Address: _____

Phone: Home _____

Work _____

Cell _____

Fax: _____

Email: _____

Contact if owner unavailable

Name: _____

Address: _____

Phone: Home _____

Work _____

Cell _____

Fax: _____

Email: _____

Property Services

Insurance Agent _____

Is Rossmoyne to pay Insurance? Y/N

Mortgage Holder _____

Is Rossmoyne to pay mortgage? Y/N

Is Rossmoyne to pay property taxes? Y/N

Homeowner's Association (if applicable) _____

Is Rossmoyne to pay HOA dues? Y/N

HOA Management Company Name _____ Contact _____

Address _____

Telephone _____ Fax _____ E-mail _____

Pool/Spa Service _____

Day Pool/Spa is Serviced M T W T H F S Monthly fee _____ Rossmoyne to pay? Y/N

Gardener _____

Day of Gardener Services M T W T H F S Monthly fee _____ Rossmoyne to pay? Y/N

Security Company _____ Alarm Code _____ Location _____

Service contract/Home Warranty? Yes/No Company _____

Utilities

• Trash Company _____ Pick-Up Day _____

• Telephone Company _____

• Cable Company _____

• Water _____ Paid By
T/O

• Garbage _____ T/O

• Gas and Electric _____ T/O

• Sewage _____ T/O

• Septic _____ T/O

Disclosures

Are you aware of any of the following?

- Substances, materials, or products which may be an environmental hazard such as, but not limited to, asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks and contaminated soil or water on the property?..... Y/N
- Room additions, structural modifications, stairs, other alterations or repairs made without necessary permits, or not in compliance with building codes?..... Y/N
- Flooding, drainage, or grading problems?..... Y/N
- Neighborhood noise problems or other nuisances?..... Y/N
- Notices of abatement/citations against property?..... Y/N
- Has anyone died on the property in the last three years?..... Y/N

Preferred Contractors (if applicable)

Plumber _____
 Electrician _____
 Roofer _____
 Painter _____
 Handyman _____
 Cleaning Service _____
 Termite/Pest Control _____
 Attorney _____
 Accountant _____
 Other Service People/Companies _____

Please use the area below to tell us anything you feel might be important, so that we will be better able to manage your property. (Property idiosyncrasies)

SAMPLE

Property Information (Please circle the applicable answer(s))

Type Single Family Residence Condominium Townhouse Duplex Other _____
 How many stories in this unit? 1 2 3 Upstairs / Downstairs
 Square Feet _____ Year Built _____ Lot Size _____ School District _____
 Is there a garage? Y/N If yes, what size: 1 car 2 car 3 car 4 car Other _____
 Is the garage attached? Y/N How many remote openers are there? _____
 Is there a carport? Y/N Is there RV parking? Y/N Are there assigned spaces? Y/N
 If Yes, how many and what are their numbers? _____
 Bedrooms: 1 2 3 4 5 Living Room Y/N Kitchen Y/N
 Full Baths: _____ ¾ Baths _____ ½ Baths _____ ¼ Baths _____
 Dining: Dining Room Formal Dining Room Kitchen/Dining combo Breakfast
 Nook Counter/Bar
 Additional Rooms: Family room Den Bonus room Great room Office Loft Sitting room

Sun room Other _____

Kitchen: Refrigerator Dishwasher Range/Oven/Cooktop Gas/Electric

Microwave Garbage Disposal Island Trash Compactor Granit Countertops

Who is responsible for maintaining the appliances?

Tenant: _____

Owner: _____

Outdoor Areas: Backyard Fenced? Y/N Patio Covered Y/N Balcony

Fireplace Y/N Gas Electric Wood Burning Location: _____

Washer and Dryer hook-ups Y/N Location: _____ Gas Electric

Washer and Dryer in unit? Y/N Who is responsible for maintaining the washer/dryer? T/O

Is there a community laundry room? Y/N

Swimming Pool Y/N Spa/Jacuzzi Y/N

Additional amenities: Tennis Court Clubhouse Fitness Center Gym BBQ Laundry Facilities

Other: _____

Flooring: Carpet Location _____

Vinyl tile Location _____

Wood Location _____

Laminate Location _____

Ceramic Tile Location _____

Other Location _____

Heating/Cooling

Heating Central Forced Air Wall Floor Other _____

Cooling Central Window Wall Swamp Other _____

Ceiling fans Y/N Locations(s) _____

Smokers Allowed Yes/No (Not recommended)

Pets Allowed with References and Deposit? Yes/No (Note: No can limit your tenant pool by up to 50%)

__Pets Allowed __Dogs Only __Cats Only Other _____

Please use the area below to highlight any special features or details of your property. This description will help us advertise your property when it is available for rent.

