

PROPERTY MANAGEMENT CHECKLIST FOR NEW PROPERTIES

Owner(s): _____

Property Address: _____ *1234 Smith St, Jacksonville, FL 32257* _____

Please provide the following items:

- Signed Property Management Agreement
- Completed Property Information Form
- Disclosure of Information on Lead-Based Paint (If property was constructed prior to 1978)
- Completed W-9 (this is for whoever will be receiving the 1099) Only 1 page is needed. Don't forget to sign it.
- A copy of the HOA Rules & Regulations (if the property is located within an HOA)- please email a pdf copy. If you do have a copy of these, please contact your HOA management company for a copy.
- House Keys: 3 sets (2 will go to the tenants, 1 will be retained by us). If the property is already occupied by tenants, please provide us with 1 key for our use.
- Mailbox Keys (if applicable): Please provide 2 keys. Both will go to Tenants
- Pool/Clubhouse access key (if applicable): Please leave this in the kitchen drawer closest to the refrigerator.
- Gate remote (if gated community): Please leave this in the kitchen drawer closest to the refrigerator.
- Garage Remotes (if applicable): Please provide 2 working remotes in the kitchen drawer closest to the refrigerator.
- Leave any operation manuals for appliances, security systems, thermostats, etc. in the kitchen drawer closest to the refrigerator.
- Copies of any recurring bills you would like us to pay (lawn service, HOA, etc... we do not pay mortgages)
- Insurance COI (Certificate of Insurance) showing CrossView Property Management as additional insured. (Your insurance broker can email this directly to info@crossviewpm.com)
- If the property is currently occupied by a tenant, please provide:
 - Tenants Application, Lease, Security Deposit, Account Statement and Contact Info

CrossView Property Management

E-mail: info@crossviewpm.com

Phone: (904) 855-7933

Website: www.crossviewpm.com

Property Information Sheet

PROPERTY DESCRIPTION

Owner(s): _____

Property address: 1234 Smith St, Jacksonville, FL 32257

County: _____ Subdivision: _____

Year Built: _____ Approx. Square Footage: _____

Please Check Each Item Applies to Your Property:

HOA

Is there an HOA? Yes No If yes, please provide contact info as well as any new tenant form that may be required.

Company Name: _____ Manager: _____

Phone: _____ E-mail: _____

Website: _____

PROPERTY DESIGN & TYPE

House Townhome Condo (___ Floor) ___-Plex

1 Story 2 Story 3 Story Multi- Level

PARKING

Garage (___ Car) Carport (___ Car) Driveway Community Parking Garage

Auto Garage Opener: Yes No If yes, # of openers ___ Keypad code# _____, if applicable

PETS

Cats allowed Dogs Allowed (under 50 lbs.) Dogs Allowed (over 50 lbs.) No Pets

If dogs are okay, any specific breeds to be excluded? _____

INTERIOR

of Bedrooms: _____ # of Full Baths: _____ # of ½ Baths: _____

Master Bedroom on which floor: _____

Fireplace: Quantity: _____ Location(s): _____

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Type: Wood Burning Gas Gas Logs Propane

Is there an alarm system? Yes No If yes, is it currently monitored? Yes No

If yes, please provide access info: _____

Carbon Monoxide Detector location(s): _____

Smoke Detector Location(s): _____

APPLIANCES & UTILITIES

Range: Electric Gas

Oven: Electric Gas Convection Double

Refrigerator Dishwasher Microwave Garbage Disposal

Washing Machine Dryer (Electric) Dryer (Gas) Stackable W/D

Washer/Dryer Connections Only Located Where: _____

Water Heater: Gas Electric Tankless

What size (Gallons): _____ Located Where: _____

Water Softener? If yes, Instructions and Location _____

A/C: Central Dual Zone Window Unit Self Contained Package Unit

Air Filter Size(s) and Location(s): _____

How often to replace: _____

Heat: Forced Air Other _____

Fuel Heat: Electric Natural Gas Propane Oil

Sewer: City Septic Tank Date Last Cleaned: _____

Water: City Community Well Individual Well

Location of Water Shut Off to House: _____

Location of Electrical Breakers: _____

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UTILITY COMPANIES

	Name	Phone	Paid by Tenant
Electric:	_____	_____	<input type="radio"/>
Gas:	_____	_____	<input type="radio"/>
Propane:	_____	_____	
Phone:	_____	_____	
Water:	_____	_____	
Sewer:	_____	_____	
Trash:	_____	_____	
Cable:	_____	_____	
Satellite:	_____	_____	
Internet:	_____	_____	

EXTERIOR

Lawn Maintenance: By tenant By Landlord Not Applicable

What specific Lawn Maintenance would you like Tenant to manage? _____

Is there an Irrigation System? Yes No

Please provide watering Instructions: _____

Is there a Swimming Pool? Yes No If Yes: Above-ground Below-ground

Saltwater Chlorine

Swimming Pool Maintenance: By Tenant By Landlord Not Applicable

If maintained by Tenant, please provide pool care Instructions:

Is there a pond? Yes No If Yes, what kind and list maintenance required: _____

Is Backyard Fenced in? Yes No Partial

Mailbox Location: _____

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Satellite Dish: Already Installed Not Allowed Approved, at Tenants Expense

Does the HOA have any guidelines regarding the installation location? Is so, what? _____

COMMUNITY AMENITIES

- Clubhouse Included in Rent Tenant's Expense
- Tennis Courts Included in Rent Tenant's Expense
- Fitness Center Included in Rent Tenant's Expense
- Swimming Pool Included in Rent Tenant's Expense
- Golf Course Included in Rent Tenant's Expense
- Playground Included in Rent Tenant's Expense

HOME WARRANTY

Do you have a home warranty in place? Yes No

If yes, please provide:

Company Name & Phone: _____

Account Number: _____ Service Charge Amount: _____

You will need to add us on to this policy so we can call in warranty request.

PREFERRED CONTRACTORS

Do you have any preferred contractors? If so, please provide their company name, phone number and the service they provide:

<u>Name</u>	<u>Phone</u>	<u>Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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TRASH SCHEDULE

What day is trash pickup? _____

What day is recycling pickup? _____

What day is yard debris pickup? _____

Annual Termite/Pest Inspection in place? Yes No

If yes, Company Name _____ Phone Number _____

When is it due? _____

Annual A/C Inspection in place? Yes No

If yes, Company Name _____ Phone Number _____

When is it due? _____

Is there anything else about your property that you think would be beneficial for us to know about? If so, please list below:

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All of us at CrossView Property Management want to thank you so much for entrusting us to manage your home. We believe that quality, blended with excellent service, is the foundation for a successful business relationship.

Owner Signature(s): _____

Date: _____

CrossView Property Management Representative Signature: _____

Date: _____

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