

CROSSVIEW

PROPERTY MANAGEMENT

Property Information Sheet

PROPERTY DESCRIPTION

Owner(s): _____

Property address: _____

County: _____ Subdivision: _____

Year Built: _____ Approx. Square Footage: _____

Please Complete Each Item Below that Applies to Your Property:

PROPERTY DESIGN & TYPE

House Townhome Condo (___ Floor) ___-Plex

1 Story 2 Story 3 Story

ACCESS

Community Gate Code: _____ Building Code: _____ Front Door Code: _____

PARKING

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

of Garage Remotes _____ Garage Door Keypad Code _____

Assigned Parking Space ID # _____ How Many? _____

Are boats/trailers allowed to be stored on the property? Yes No

INTERIOR

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

Owners Bedroom on which floor: _____

Fireplace: Quantity: _____ Location(s): _____

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: _____

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): _____

Sewer: City Sewer Septic Tank Date Last Cleaned: _____

Water: City Water Community Well Individual Well

Location of Water Shut Off to House: _____

Location of Electrical Breakers: _____

UTILITY COMPANIES

Name	Phone/Website
Electric: _____	_____
Gas: _____	_____
Propane: _____	_____
Water: _____	_____
Sewer: _____	_____
Trash: _____	_____
Cable: _____	_____

Phone: _____

Satellite: _____

Internet: _____

EXTERIOR

Lawn Maintenance: By tenant By Landlord Not Applicable

* The following are OWNER responsibilities: mulching (including spreading), fertilization (including application) and exterior eradication of destructive organisms.

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 Preferred Pool Vendor: _____

* Owner's must maintain a professional licensed bonded pool service if the Property has a pool. Fair Housing Laws prohibit us from requiring a tenant to sign any type of liability waiver or deny families with children to rent due to a pool. If you have a pool, we recommend you increase your insurance coverage. This is typically a minimal expense.

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

Is Backyard Fenced in? Yes No Partial

Mailbox Location & Box Number: _____

PETS

Will you allow pets? Yes No If yes, which pets will you allow:

Cats Dogs (under 40 lbs.) Dogs (over 40 lbs.) Fish Tanks, Snakes, etc.

*If pets are accepted, a non-refundable pet fee of \$250 per pet will be paid by tenant to Broker for owner account.

HOA

Is there an HOA? Yes No If yes, complete the below:

- Management Company Name: _____
- Association Manager Name: _____

- Phone: _____
- E-mail: _____
- Website: _____

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
- Car Wash Included in Rent Tenant's Expense
- Water/Sewer Included in Rent Tenant's Expense
- Internet Included in Rent Tenant's Expense
- Cable 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: _____

We will need a copy of your policy and you must have a credit card on file with your warranty company to pay for the service charge fee/deductible, if applicable.

PREFERRED CONTRACTORS (if applicable):

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

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? _____

Other Questions

- Has anyone ever died in the property or any crime happened in the property? If so explain:

- Are you aware of any sexual offenders or predators in the area? _____
- Have you ever received any complaints by any neighbors? If so explain: _____

- Has there ever been any water intrusion, flood or mold issues? If so explain: _____

- Are there any items in the home or on the property that are not able to be used by the tenant?

- Would you ever allow a tenant to make a repair and deduct the cost from the rent? Yes No

Is there anything else about your property that you think would be beneficial for us to know about?

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: _____