

OWNER FACT SHEET

Owner Information

Name:

Mailing address:

City:

State:

ZIP Code:

Email:

Phone:

Cell Phone:

Fax:

Best time to call (during a normal day):

Preferred Method of Communication: Phone ☐ Cell Phone ☐ Mail ☐ Email ☐ Fax ☐

Property Information

Property #1

Rental Property Address:

City:

State:

ZIP Code:

Dwelling Type:

Bedrooms:

Bathrooms:

Square Feet (approx):

Garage: yes ☐ no ☐

Fenced yard: yes ☐ no ☐

Source of heat: gas ☐ electric ☐ other ☐

Appliances included: microwave ☐ range/oven ☐ dishwasher ☐ disposal ☐ fridge/freezer ☐ w/d hook-up ☐

Utilities Paid by Owner: gas/electric ☐ garbage ☐ water/sewer ☐ cable/tv ☐

Utilities Paid by Tenant: gas/electric ☐ garbage ☐ water/sewer ☐ cable/tv ☐

Do you allow: (check all that apply) section 8 ☐ pets ☐ smoking inside ☐ Handicap accessible: yes ☐ no ☐

Recent Repairs / Updates:

Repairs / Updates currently needed:

Additional comments about property #1:

Property #2

Rental Property Address:

City:

State:

ZIP Code:

Dwelling Type:

Bedrooms:

Bathrooms:

Square Feet (approx):

Garage: yes ☐ no ☐

Fenced yard: yes ☐ no ☐

Source of heat: gas ☐ electric ☐ other ☐

Appliances included: microwave ☐ range/oven ☐ dishwasher ☐ disposal ☐ fridge/freezer ☐ w/d hook-up ☐

Utilities Paid by Owner: gas/electric ☐ garbage ☐ water/sewer ☐ cable/tv ☐

Utilities Paid by Tenant: gas/electric ☐ garbage ☐ water/sewer ☐ cable/tv ☐

Do you allow: (check all that apply) section 8 ☐ pets ☐ smoking inside ☐ Handicap accessible: yes ☐ no ☐

Recent Repairs / Updates:

Repairs / Updates currently needed:

Additional comments about property #2:

General Information

Would you like us to handle repairs & maintenance: yes no

Would you like us to make your mortgage & utility payments out of your gross rents: yes no

Additional Comments or Concerns:

Property Information continued...				
Property #3				
Rental Property Address:				
City:		State:	ZIP Code:	
Dwelling Type:		Bedrooms:	Bathrooms:	Square Feet (approx):
Garage: yes <input type="checkbox"/> no <input type="checkbox"/>		Fenced yard: yes <input type="checkbox"/> no <input type="checkbox"/>		Source of heat: gas <input type="checkbox"/> electric <input type="checkbox"/> other <input type="checkbox"/> _____
Appliances included: microwave <input type="checkbox"/> range/oven <input type="checkbox"/> dishwasher <input type="checkbox"/> disposal <input type="checkbox"/> fridge /freezer <input type="checkbox"/> w/d hook-up <input type="checkbox"/>				
Utilities Paid by Owner: gas/electric <input type="checkbox"/> garbage <input type="checkbox"/> water/sewer <input type="checkbox"/> cable/tv <input type="checkbox"/>				
Utilities Paid by Tenant: gas/electric <input type="checkbox"/> garbage <input type="checkbox"/> water/sewer <input type="checkbox"/> cable/tv <input type="checkbox"/>				
Do you allow: (check all that apply) section 8 <input type="checkbox"/> pets <input type="checkbox"/> smoking inside <input type="checkbox"/>				Handicap accessible: yes <input type="checkbox"/> no <input type="checkbox"/>
Recent Repairs / Updates:				
Repairs / Updates currently needed:				
Additional comments about property #3:				
Property #4				
Rental Property Address:				
City:		State:	ZIP Code:	
Dwelling Type:		Bedrooms:	Bathrooms:	Square Feet (approx):
Garage: yes <input type="checkbox"/> no <input type="checkbox"/>		Fenced yard: yes <input type="checkbox"/> no <input type="checkbox"/>		Source of heat: gas <input type="checkbox"/> electric <input type="checkbox"/> other <input type="checkbox"/> _____
Appliances included: microwave <input type="checkbox"/> range/oven <input type="checkbox"/> dishwasher <input type="checkbox"/> disposal <input type="checkbox"/> fridge /freezer <input type="checkbox"/> w/d hook-up <input type="checkbox"/>				
Utilities Paid by Owner: gas/electric <input type="checkbox"/> garbage <input type="checkbox"/> water/sewer <input type="checkbox"/> cable/tv <input type="checkbox"/>				
Utilities Paid by Tenant: gas/electric <input type="checkbox"/> garbage <input type="checkbox"/> water/sewer <input type="checkbox"/> cable/tv <input type="checkbox"/>				
Do you allow: (check all that apply) section 8 <input type="checkbox"/> pets <input type="checkbox"/> smoking inside <input type="checkbox"/>				Handicap accessible: yes <input type="checkbox"/> no <input type="checkbox"/>
Recent Repairs / Updates:				
Repairs / Updates currently needed:				
Additional comments about property #4:				
Property #5				
Rental Property Address:				
City:		State:	ZIP Code:	
Dwelling Type:		Bedrooms:	Bathrooms:	Square Feet (approx):
Garage: yes <input type="checkbox"/> no <input type="checkbox"/>		Fenced yard: yes <input type="checkbox"/> no <input type="checkbox"/>		Source of heat: gas <input type="checkbox"/> electric <input type="checkbox"/> other <input type="checkbox"/> _____
Appliances included: microwave <input type="checkbox"/> range/oven <input type="checkbox"/> dishwasher <input type="checkbox"/> disposal <input type="checkbox"/> fridge /freezer <input type="checkbox"/> w/d hook-up <input type="checkbox"/>				
Utilities Paid by Owner: gas/electric <input type="checkbox"/> garbage <input type="checkbox"/> water/sewer <input type="checkbox"/> cable/tv <input type="checkbox"/>				
Utilities Paid by Tenant: gas/electric <input type="checkbox"/> garbage <input type="checkbox"/> water/sewer <input type="checkbox"/> cable/tv <input type="checkbox"/>				
Do you allow: (check all that apply) section 8 <input type="checkbox"/> pets <input type="checkbox"/> smoking inside <input type="checkbox"/>				Handicap accessible: yes <input type="checkbox"/> no <input type="checkbox"/>
Recent Repairs / Updates:				
Repairs / Updates currently needed:				
Additional comments about property #5:				