

INFORMATION REQUIRED FOR MANAGEMENT OF PROPERTY

1. Owner(s) Name: _____
Address: _____
Phone (Home): _____ (Business): _____
Cell Phone: _____ Fax: _____
Email: _____
2. Owner's Social Security Number of 95 Number: _____
3. Address of Property: _____
4. Total # of Units: _____ Total # of Vacancies at Take Over: _____
5. Breakdown of Units: Bach: _____ 1 Bdrm: _____ 2 Bdrm: _____ 3 Bdrm: _____
6. Laundry Appliances: Own: _____ Lease: _____ Company: _____
7. Trust Deeds:
1st. Holder or Collector Name and Address: _____

Payment Amount: \$ _____ Due Date: _____
Delinquent Date: _____ Penalty: _____
Interest: _____ Loan Balance: _____
2nd. Holder or Collector Name and Address: _____
Payment Amount: \$ _____ Due Date: _____
Delinquent Date: _____ Penalty: _____
Includes Impounds Payment of: _____
Interest: _____ Loan Balance: _____
8. Taxes: Amount: _____ Payment Status: _____
9. Insurance: Company and Address: _____
Amount of Premium: _____ Due Date: _____
10. Utilities – Who Pays: Gas _____ Electric _____ Water/Trash _____
11. Pest Control Company Name & Address: _____
12. Gardener: _____ Pool Service: _____
13. Keys: Mastered? _____ In Possession of: _____
14. Rental Agreement Forms in Possession of: _____
15. Resident Manager Name: _____ Apt. No. _____
Resident Manager Phone: _____ Cell No. _____
16. Receipt Book in Possession of: _____