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| --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | |
| Rental Property Address |  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| Owner’s Name (First, MI, Last) |  | | | | | |
| Nickname |  | | | | | |
| Home # |  | | | | | |
|  |  | | | | | |
| Business # |  | | Extension | | |  |
|  |  | | | | | |
| Email address |  | | | | | |
| Mobile # |  | | Pager # | | |  |
| Address |  | | | | | |
| City |  | | | | | |
| State |  | Zip code | | |  | |
|  |  |  | | |  | |
| Name of spouse/co-owner |  | Spouse nickname | | |  | |
| Is spouse a co-owner? | (yes) (no) |  | | |  | |
| Spouse/co-owner work # |  | Extension | | |  | |
| Spouse/co-owner Mobile # |  | | | | | |
| Spouse/co-owner email |  | | | | | |
| Emergency name |  | | | | | |
| Emergency contact numbers |  | | | | | |
| Emergency relationship (example, son) |  | | | | | |
| **Home Owner Association Information (HOA)** | | | | | | |
| HOA name |  | | | | | |
| HOA address |  | | | | | |
| HOA phone number |  | | | | | |
| HOA Contact person |  | | | | | |
| **Insurance** (please attach a copy of your insurance ) | | | | | | |
| Property Insurance company |  | | | | | |
| Insurance policy number |  | | | | | |
| Insurance agent name |  | | | | | |
| Insurance agent’s telephone |  | | | | | |

**Owner Property Disclosure**

***Add information as needed***

***Owner Property Disclosure, continued***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Details** | | | | | | | | |
| Is there a security System (Yes) (No) | | | | | | | | |
| Name of security company | |  | | | | | | |
| Code to turn off system | |  | | | | | | |
| Security alarm instructions | |  | | | | | | |
| Is there a home warranty (Yes) (No) please attach copy of warranty | | | | | | | | |
| Warranty company |  | | | | | | | |
| Warranty company telephone |  | | | | | | | |
| Warranty contact name |  | | | | | | | |
| Is there a basement? | (Yes) (No) | | If yes, is it finished? | | | (Yes) (No) | | |
| Has basement ever flooded? | (Yes) (No) | | Please explain | | | | | |
| Has basement ever had mold? | (Yes) (No) | | Please explain | | | | | |
| List other basement problems |  | | | | | | | |
| Is there a sump pump? | (Yes) (No) | | Is there an attic fan or smart vent? | | | (Yes) (No) | | |
| What type of parking | garage  carport  street parking  other | | | | | | | |
|  | # of parking spaces | | | Parking unit # | | |  | |
| Is there a storage unit? | (Yes) (No) | | Location |  | | | | |
| Is there a garage door opener | (Yes) (No) | | # of openers |  | | | | |
| Location of mail box |  | | | | | | | |
| Mailbox information | Keyed Combination Other | | | | | | | |
| Location of breaker box |  | | | | | | | |
| Location of main water shutoff |  | | | | | | | |
| Location of sprinkler shutoff |  | | | | | | | |
| Is there attic access? | (Yes) (No) | | Is their crawl space access? | | | | (Yes) (No) | |
|  |  | |  | | | |  | |
| Location of water heater |  | | | | | | Water heater age |  |
| Type of heating unit |  | | | | | | Age of heater |  |
| Last heating unit service |  | | | | | | | |
| Air-conditioning (Yes) (No) | Type | | wall  central | | | | A/C age |  |
| Last A/C service |  | | | | | | | |
| Evaporative cooling unit | (Yes) (No) | |  | | | |  |  |
| Last cooling unit service |  | | | | | | | |
| Is there a water softener | (Yes) (No) | |  | | | |  | |
| Type of TV connection | Cable | | (Yes) (No) | | Satellite | | Dish (Yes) (No) | |
| Are additional TV connections at tenant’s expense? | (Yes) (No) | | Instructions | | | | | |

***Owner Property Disclosure, continued***

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| What is the type of roofing | comp  shingle  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| What is the age of the roof? | \_\_\_ years | | | | | | | |
| Are there any roof problems? | (Yes) (No) | | | | | | | |
| If roof problems, please explain |  | | | | | | | |
| What is the gutter condition? |  | | | | | | | |
| What is the water source? | city septic | | | | | | | |
| If any water problems, explain |  | |  | | | | |  |
| Who is the water company? |  | | Phone number | | | | |  |
| Who pays the water service? | owner  tenant HOA | | | | | | | |
| Who is the garbage company? |  | | | Phone number |  | | | |
| Who pays the garbage service? | owner  tenant HOA | | | Trash pick up day | | | |  |
| Have there been any mold issues in the property | (Yes) (No) If yes, please list below | | | | | | | |
|  |
| Are there working smoke alarms | (Yes) (No) | If so, how many and what locations | | | | | | |
|  |  |
| Are there CO detectors | (Yes) (No) | If so, how many and what locations | | | | | | |
|  |  |
| Is there an irrigation system? | (Yes) (No) | What type: | | | | | | |
| Age of irrigation system |  |  | | | |  | | |
| Irrigation system instructions |  | | | | | | | |
| Is there a monthly gardening service? | (Yes) (No)  provided by owner  provided by HOA | | | | | | | |
| Will you supply gardening service? | (Yes) (No) | | | | | | | |
| List special gardening services you will supply |  | | | | | | | |
| Is there a swimming pool? | (Yes) (No) | | | | | | | |
| Swimming pool service company |  | | Pool service telephone | | | |  | |
| Do you have a hot tub? | (Yes) (No) Is there a hot tub service (Yes) (No) If so, list information below | | | | | | | |
|  |
| Are there any plumbing issues? | (Yes) (No) If yes, please list below | | | | | | | |
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***Owner Property Disclosure, continued***

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| --- | --- | --- | --- | --- |
| Are there any electrical issues? | (Yes) (No) If yes, please list below | | | |
|  |
|  |
| Are there ceiling fans? | (Yes) (No) If yes, how many \_\_\_\_\_\_\_\_\_\_ | | | |
|  |
|  |
| Is there a fireplace or wood burning stove in the rental home? | (Yes) (No) If yes, is it a gas fireplace? (Yes) (No) | | | |
| Detail the last chimney service |  | | | |
| Do we have your permission to have the chimney(s) cleaned annually at your expense? | (Yes) (No) | | | |
| When was the gas fireplace service |  | | | |
| Is there a humidifier? | (Yes) (No) | When was the last humidifier service | | |
| Are there heated floors | (Yes) (No) |  | | |
| Do you have a pest control service? | (Yes) (No) | | | |
| Pest control service name |  | | Pest control telephone |  |
|  |  | |  |  |
| **List other information required** | | | | |
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***Owner Property Disclosure, continued***

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| **Additional Information** |  |
| Have you ever experienced drug problems in the property? | (Yes) (No) If no, explain |
|  |  |
| Have you ever had a meth lab? | (Yes) (No) If no, explain |
|  |
| Have you ever had lead-based paintwork? | (Yes) (No) If no, explain |
|  |
| Have you ever had asbestos work done? | (Yes) (No) If no, explain |
|  |
| Are windows and door operating properly | (Yes) (No) If no, explain |
|  |
| Do doors have deadbolts? | (Yes) (No) |
| Are there any cracked windows or glass doors? | (Yes) (No) If no, explain |
|  |
| Is the property clean? | (Yes) (No) If yes, please list below |
|  |  |
| List any personal property left in the unit, such as lawn mowers, garden tools, |  |

|  |  |
| --- | --- |
| **Property Specific Information** |  |
| Do all doors have the same key? | (Yes) (No) How many? |
|  | List details if no |
| Remote controls for garage door opener | (Yes) (No) How many? |
| Remote controls for ceiling fan | (Yes) (No) How many? |
| Remote for removable A/C unit | (Yes) (No) How many? |
| **Schools** |  |
| Elementary |  |
| Middle |  |
| High School |  |
| **Advertising/Marketing Information** | |
| Are pets allowed | (Yes) (No) |
| If pets allowed, be specific |  |
| Will you permit a sign? | (Yes) (No) |

|  |  |
| --- | --- |
| Date | Owner signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |