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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***

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| **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 |
|  |
|  |

***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 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |