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OWNER/LANDLORD APPLICATION



PLEASE FILL OUT COMPLETELY

OWNERS MAILING ADDRESS	PROPERTY ADDRESS
STREET:	STREET:
CITY:	CITY:
STATE: ZIP:	STATE: ZIP:
OWNER SSN#:	Bedrooms: Baths: Sq. Ft:
E-MAIL:	CURRENT TENANTS? YES _____ NO _____
HOME PHONE:	NAME OF TENANT(S):
WORK PHONE:	
CELL PHONE:	TENANT PHONE:
YOUR PROPERTY INFORMATION	
WATER COMPANY:	HOME OWNERS ASSOCIATION INFO:
WATER PHONE:	CONTACT NAME:
TRASH DAY:	CONTACT PHONE:
TRASH COMPANY:	HOME WARRANTY? YES _____ NO _____
TRASH PHONE:	HOME WARRANTY CO:
ELECTRIC COMPANY:	HOME WARRANTY PHONE:
ELECTRIC PHONE:	HOME WARRANTY POLICY #:
GAS COMPANY:	INSURANCE COMPANY:
GAS PHONE:	INSURANCE POLICY #:
GARDENER NAME:	INSURANCE AGENT:
GARDENER PHONE:	INSURANCE AGENT PHONE:
POOL COMPANY:	TYPE(S) OF INSURANCE?
POOL PHONE:	(PROVIDE ALL INFORMATION BELOW IF DIFFERENT FROM ABOVE)
GATE CODES:	LIABILITY:
LOCK COMBINATIONS:	
PARKING SPACES (S) & #:	WORK COMP:
ALARM? YES _____ NO _____	
ALARM ENTRY/EXIT CODES:	PETS ALLOWED? YES _____ NO _____
# OF KEYS PROVIDED:	IF SO SPECIFY:
# OF GARAGE DOOR OPENERS:	
ITEMS INCLUDED IN RENTAL?	SMOKING ALLOWED? YES _____ NO _____
WASHER DRYER REFRIGERATOR	SECTION 8? YES _____ NO _____
OTHER (LIST ITEM(S)):	
WHAT SERVICES ARE INCLUDED WITH THE RENT:	
ANY REPAIRS NEEDED? YES _____ NO _____ (IF SO, PLEASE LIST ALL NEEDED REPAIRS BELOW)	
ARE YOU INTERESTED IN OBTAINING EVICTION PROTECTION INSURANCE: YES _____ NO _____	
PLEASE LIST A DESCRIPTION & THE AMENITIES OF THE PROPERTY BELOW:	
After we receive your initial application, a real live person will contact you to further discuss your property/options and send you our complete Owner/Landlord Packet! If you have any questions or concerns please give us a call. Thank you for considering our company to manage your important investment(s).	

OWNER(S) SIGNATURE: _____

DATE: _____