

PROPERTY INFORMATION SHEET



Owner Name(s): _____ Date: ___/___/___
 Rental Address: _____ Date Available: ___/___/___

House Description: _____

Name of Homeowners Association: _____

Bedrooms: 1 2 3 4 5 Other

Bathrooms: 1 2 3 Other
 _____ Square Footage
 _____ Year Built
 _____ Acreage

Amenities:

- | | |
|---|---|
| <input type="checkbox"/> Breakfast Bar | <input type="checkbox"/> Carpeting |
| <input type="checkbox"/> Eat-in Kitchen | <input type="checkbox"/> Tile Flooring |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Fenced Yard |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Enclosed Porch |
| <input type="checkbox"/> Family Room | <input type="checkbox"/> Screened Porch |
| <input type="checkbox"/> Loft or Study | <input type="checkbox"/> Sun Deck |
| <input type="checkbox"/> Vaulted Ceilings | <input type="checkbox"/> Balcony |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> BBQ Grill |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Walk-in Closets | <input type="checkbox"/> Jacuzzi |
| <input type="checkbox"/> Additional Storage | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Wood Flooring | <input type="checkbox"/> Other _____ |

Appliances Included:

- | | |
|---|--|
| <input type="checkbox"/> Stove/Oven (gas) | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> Stove/Oven (elec.) | <input type="checkbox"/> Water Heater (gas) |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Water Heater (elec.) |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Washer/Dryer (included) |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Washer/Dryer (hookups) |

Utilities Included:

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Trash |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Water | <input type="checkbox"/> Other _____ |

Parking:

- | | |
|--|--|
| <input type="checkbox"/> 1 Car Garage | <input type="checkbox"/> Decal Parking |
| <input type="checkbox"/> 2 Car Garage | <input type="checkbox"/> Street Side |
| <input type="checkbox"/> 3+ Car Garage | <input type="checkbox"/> 1 Car Carport |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> 2 Car Carport |
| <input type="checkbox"/> Other: _____ | |

Security:

- | |
|---|
| <input type="checkbox"/> Neighborhood Watch |
| <input type="checkbox"/> Alarm System |
| <input type="checkbox"/> Security Gate |
| <input type="checkbox"/> Other: _____ |

House Construction:

- | |
|---|
| <input type="checkbox"/> Concrete Block |
| <input type="checkbox"/> Wood Frame |
| <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Vinyl Siding |
| <input type="checkbox"/> Other: _____ |

Mailbox:

- | | |
|---|---|
| <input type="checkbox"/> At end of Driveway | <input type="checkbox"/> Cluster Box (Box # _____ /Location of cluster box _____) |
| <input type="checkbox"/> Other | |

Neighborhood Amenities: _____

Additional Comments: _____

Please attach copy of homeowners insurance policy for our file.

Rental Restrictions:

- | |
|---------------------------------------|
| <input type="checkbox"/> No Pets |
| <input type="checkbox"/> No Smokers |
| <input type="checkbox"/> No Students |
| <input type="checkbox"/> Other: _____ |

Agents Suggested Monthly Rent:	\$
Advertised Monthly Rental Rate:	\$
Minimum Rental Rate Acceptable:	\$
Deposit Amount :	\$
Other:	\$

Owner _____ Sign _____ Date _____
Print

Agent _____ Sign _____ Date _____
Print

Referred By: _____