NEW OWNER WORKSHEET

Owner(s):					
Contact name:		Contract Start: End:			
Tax ID:	1099 Eligible:	yn			
			nber:		
Billing Address:					
	Phone:		Phone:		
-					
Property Informat			~		•
Street Address:	Ci	ity:	State:_	Zip:	Unit_
Year Built:	Insurance Co:		Policy	#:	
County:	Subdivision: Sqft		HOA	·	
Minimum Rent	Sqft	Date Avail	able:		
Directions:					
Description:					
Circle one: Single fa	amily Condo Duplex	Triplex Apartm	ent Mob	ile Home	Other
_	l Rooms: Bedroom				
	Garage Spaces:_				
Flooring:					
		1110.			
Fireplaces: Pets	: Smoking: Fer	nce:	Heat/Aiı	••	
Fireplaces: Pets	:Smoking: Fer	nce:	Heat/Aiı	:: Source:	
Fireplaces: Pets Water Type:	:Smoking:Fence:_ Cooling Source:_	nce:	Heat/Aiı	:: Source:	
Fireplaces: Pets Water Type: Sewer Type:	:Smoking: Fer Cooling Source:_ Gas:	nce:	Heat/Aiı	:: Source:	
Fireplaces: Pets Water Type: Sewer Type: Utilities paid by:	:Smoking:Fer Cooling Source:_ Gas:	nce:	_Heat/Aiı Heat	Source:	
Fireplaces: Pets Water Type: Sewer Type: Utilities paid by: Other items owned	:Smoking: Fer Cooling Source:_ Gas:	nce:	Heat/Aiı Heat	Source:	

REQUIRED ITEMS TO BRING WITH YOU

- At least two sets of keys
- Canceled check from account to be used for payments
- Insurance documentation
- Copy of current lease for existing tenants
- HOA documentation
- W-9
- Pool passes, garage door openers, storage keys, etc
- Decent photos if you have any
- Serial numbers to any appliances, tv, etc. remaining inside unit
- This form completely filled out to the best of your knowledge