

PROPERTY MANAGEMENT INFORMATION FORM

(To be attached with the Property Management Agreement)

Registration Information:

Landlord(s): _____
 Social Security No. _____ Social Security No. _____
 State of Legal Residence: _____ Rental Property Address: _____

Forwarding Address: _____
 Home Phone: _____ Work Phone: _____ Fax: _____
 E-Mail: _____ Cell Phone: _____
 Local Contact for Emergency: _____ Phone: _____
 Broker: _____ Phone: **(703) 608-7840**
 Agent: **Residential Property Management, Inc.** Phone: **(703) 564-4203**

* When do you expect to return and live in this property? _____

Premises are in: ☐ **Condominium** ☐ **Cooperative** ☐ **Home Owners Association:**
 Project Subdivision: _____, Unit No.: _____
 Building No.: _____ ☐ County ☐ City of: _____
 Number of Assigned Parking Spaces: _____, Parking Space No. (s) _____
 Storage Bin No.: _____, Mail Box No. _____, No. of Keys Provided _____
 Smoke Detector locations: _____

LEASING INFORMATION:

Term Available: _____ Maximum: _____ Minimum: _____
 Monthly Rent Desired: _____ Maximum: _____ Minimum: _____
 Will you accept a: ☐ Dog ☐ Cat ☐ Other: _____ Max. No. of Pets: _____
 Max. Weight of Pet: _____ Is Smoking allowed? ☐ Yes ☐ No

DISBURSEMENT OF FUNDS (check if applicable):

*Is Agent to make Deed of Trust (mortgage) payments: ☐ Yes ☐ No
 *When is Agent to begin making payments? _____
 *Landlord must notify mortgage company in writing if Agent is to handle payments and supply payment books, coupons, and envelopes (if applicable).
 *Landlord must have funds available in the account in order to make payments.

☐ **First Deed of Trust:** PITI: _____ PI Only: _____
 Lender: _____ Phone: _____
 Address: _____

Amount of Payment \$ _____ Loan No. _____ Due: _____

☐ **Second Deed of Trust:**
 Lender: _____ Phone: _____
 Address: _____

Amount of Payment \$ _____ Loan No. _____ Due: _____

☐ **Property Taxes:** _____ Due: _____

☐ **Insurance:** _____ Due: _____

☐ **Deposit rent balances in Bank:** (Attach voided check)
 Bank: _____ Phone: _____

Address: _____
ABA Routing No.: _____ Name on Account: _____
☐ Accumulate in my Account: _____
☐ Special Instructions: _____

MEMBERSHIP AND DUES:

*If Agent is to pay, Landlord must supply: payment books/cards/envelopes (if applicable).

*Landlord must notify all applicable associations in writing of management agreement.

☐ Swimming Pool: _____ Phone: _____

Address: _____

Tenant to pay: ☐ Yes ☐ No Membership No.: _____

Fees include: _____

☐ Homeowners' Association: _____ Phone: _____

Address: _____

Agent to pay: ☐ Yes ☐ No Payment Schedule: _____

Fees include: _____

☐ Condominium/ Coop Association: _____ Phone: _____

Address: _____

Agent to pay: ☐ Yes ☐ No Payment Schedule: _____

Fees include: _____

Manager: _____ Phone: _____

Maintenance/Office/Repair Contact: _____ Phone: _____

Move In/Out Restrictions/ Fees: _____ Elevator Fee: _____

Building Access or Other Fee: _____

Please provide a current copy of your association Bylaws/Rules and Regulations.

INSURANCE COVERAGE:

If not attached, a copy of the Insurance policy must be forwarded to Agent for retention in file.

☐ Fire and Comprehensive: Insurance Agent: _____ Phone: _____
Policy No. _____ Expires: _____

☐ Personal Liability: Insurance Agent: _____ Phone: _____
Policy No. _____ Expires: _____

UTILITIES:

Solar Panel ☐ Yes ☐ No

Electric Co.: _____ Phone: _____

Gas Co.: _____ Phone: _____

Location of gas meter: _____

Water and Sewer Co.: _____ Phone: _____

Location of main cut off valves: _____

Telephone Co.: _____ Phone: _____

Internet/Cable Co.: _____ Phone: _____

Trash Co.: _____ Trash Day: _____ Phone: _____

Recycle Day: _____

Fuel Oil Co.: _____ Size of Tank: _____ Phone: _____

Location of fuel tank: _____
Septic Tank Co.: _____ Phone: _____
Attach copy of septic tank, septic field and distribution box locations.
Date last pumped: _____
Well and Pump Service: _____ Phone: _____

HEATING AND AIR CONDITIONING:

No. of Zones: _____

Type of Heat: ☐ Forced Air ☐ Hot Water ☐ Geothermal ☐ Gas ☐ Oil ☐ Electric
☐ Furnace: Make: _____ Model No.: _____ ☐ Gas ☐ Oil ☐ Electric
Service Contract Co. _____ Expires: _____ Phone: _____
☐ Heat Pump: Make: _____ Model No.: _____
Service Contract Co. _____ Expires: _____ Phone: _____
☐ Central Air: Make: _____ Model No.: _____ ☐ Gas ☐ Electric
Service Contract Co. _____ Expires: _____ Phone: _____
☐ Window/Wall Units: No. of Units: _____ Make(s) _____ Model No.: _____
☐ Hot Water Heater: Make: _____ Age: _____ Capacity: _____
☐ Gas ☐ Oil ☐ Electric
☐ Electronic Air Filter: Make: _____
☐ Humidifier: Make: _____ Model No.: _____
☐ Fire Place/Woodstove: Working: ☐ Yes ☐ No Date of Last Service/Cleaning: _____

APPLIANCES: Provide all instructions/care booklets available.

Garage Door Opener: ☐ Yes ☐ No No.: _____ (Remote Controls)
Refrigerator: Make: _____ Model No.: _____
Age: _____ Color: _____
Service Contract Co.: _____ Expires: _____ Phone: _____
Stove: Make: _____ Model No.: _____
☐ Gas ☐ Electric Age: _____ Color: _____
Service Contract Co.: _____ Expires: _____ Phone: _____
Disposal: Make: _____ Age: _____ Size: _____
Dishwasher: Make: _____ Model No.: _____ ☐ Portable ☐ Built-in
Age: _____ Color: _____
Service Contract Co.: _____ Expires: _____ Phone: _____
Exhaust Fan/Hood: Age: _____ Externally Vented ☐ Yes ☐ No
Washer: Make: _____ Model No.: _____
Age: _____ Color: _____
Service Contract Co.: _____ Expires: _____ Phone: _____
Dryer: Make: _____ Model No.: _____
Age: _____ Color: _____
Service Contract Co.: _____ Expires: _____ Phone: _____
Microwave: Make: _____ Model No.: _____
Age: _____ Color: _____ ☐ Counter ☐ Built-in
Service Contract Co.: _____ Expires: _____ Phone: _____

Should any of the above appliances need to be replaced, what color or make would be acceptable?

ADDITIONAL INFORMATION: Please furnish pertinent information below.

OTHER SERVICE CONTRACTS OR WARRANTIES (attach copies if available):

<input type="checkbox"/> Termite Co.:	_____	Expires:	_____	Phone:	_____
<input type="checkbox"/> Lawn Co.:	_____	Expires:	_____	Phone:	_____
<input type="checkbox"/> Alarm Co.:	_____	Expires:	_____	Phone:	_____
<input type="checkbox"/> Other:	_____	Expires:	_____	Phone:	_____

OTHER INFORMATION

- ☐ Sketch of septic tank, septic field and distribution box attached.
- ☐ Mortgage payment documents delivered.
- ☐ Condominium/Coop/Homeowners Association payment documents delivered.
- ☐ Condominium/Coop/Homeowners Association Bylaws/Rules and Regulations delivered.
- ☒ Insurance Policies delivered.
- ☒ Appliance instruction/care booklets delivered.
- ☒ Service Contracts/Warranties delivered.

LANDLORD:

_____/	_____/	_____/	_____/
Date	Signature	Date	Signature
_____/	_____/	_____/	_____/
Date	Signature	Date	Signature

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