

Date: _____

Property Information Sheet

Owner Name/Portfolio Name: _____

Owner Mailing Address: _____

Owner Phone Number: _____ Email: _____

Managed Property Address: _____

Bedrooms: _____ Bathrooms: _____ Year Built: _____ Sq. Ft. _____

Heating: Central _____ Wall Heaters _____ Age of System / Heaters _____

None _____ Gas Heat / Electric Heat

Cooling: Central _____ Window Units _____ Age of System _____

None _____ Type of Freon _____ Air Filter Size _____

Water Heater: Gas / Electric Water Service: Public / Well Waste: Public / Septic

Electric Provider: _____

Appliances Provided:

Stove _____ Gas / Electric/ N/A Microwave _____

Fridge _____ Washer _____

Dishwasher _____ Dryer _____

Pets Allowed: _____ Fenced Yard: _____ Garage / Carport / None Outbuildings _____

Target Rent _____ Target Deposit _____

Special Stipulations/Comments:

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