



Owner: _____
Address: _____ City, State, Zip: _____
Home. Phone: _____ Work Phone: _____ Mobile: _____
Fax: _____ Email: _____
D.O.B. _____ Additional Phones or Contact Information: _____

ABA Routing Number: _____ Account Number _____
Social Security Number or EIN (for tax reporting purposes) _____

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Home. Phone: _____ Work Phone: _____ Mobile: _____
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ABA Routing Number: _____ Account Number _____
Social Security Number or EIN (for tax reporting purposes) _____

Emergency Contact Name: _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____

If Owner is not an individual, Owner is a: estate corporation limited liability company (LLC) trust partnership limited liability partnership (LLP) other _____

Address (include unit nos.)

What non realty items are included?(ex. refrigerator, washer, dryer, etc.) _____

What are the optional user fees for the use of common areas (for example, pool or tennis courts)? _____

Property Condition? _____

Insurance Company: _____
How much coverage? _____
Phone: _____ or not covered: _____

Is the property vacant/occupied? _____
If occupied, please provide copy of the current lease, lease ledger, and application information, if applicable.

Tenant/Occupant Name: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Email: _____
Additional Phones or Contact Information: _____

Tenant/Occupant Name: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Email: _____
Additional Phones or Contact Information: _____

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Home Phone: _____ Work Phone: _____ Mobile: _____
Email: _____
Additional Phones or Contact Information: _____

Was this building built before 1978? Yes or No (circle one)

If so, is owner aware of the presence of lead-based paint and/or lead-based paint hazards?
No or Yes (circle one) If yes, does landlord have reports or records pertaining to
lead-based paint or hazards? _____

Is this property a house/duplex/fourplex/condo/townhome? (circle one)

In the event we can not contact you for two days, whom should we contact? (This cannot be a spouse or someone living with you)

Contact Name: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Email: _____
Relationship to this person _____

When would you like the property listed for lease? _____

When would you like property management agreement to begin? _____

Is this property currently under management from another property manager? Yes or No
(circle one) If yes:

Company Name: _____
Property Manager Name: _____
Phone: _____ Email: _____

What is the minimum lease term you would prefer? _____

What is the maximum lease term you would prefer? (Most are between 6 and 24 months) _____

Do you currently have routine pest control for the property? _____

Would you like that to be included in the rent or required by the tenant? _____

Do you currently have routine lawn maintenance and tree trimming for the property? _____

Would you like that to be included in the rent or required by the tenant? _____

Are there any special things we need to know about the property or maintenance of the
property? _____

How did you hear about Peach Blossom Properties, LLC? _____
