

Management Property Information

Property Address: _____

Owner's Name: _____

Owner's Tax ID #: _____

Owner's Phone: _____

Fax: _____

E-mail: _____

Cell phone: _____

Owner's Address: _____

Management Date: From: _____ To: _____ Renewal: _____

Balance Disposition: (1) send to owner (2) direct deposit for owner

Insurance Company: _____

Policy #: _____

Ins. Co. Address: _____

Requested Lease Term: _____ 7 Months _____ Annual

Requested Rent Amount: \$ _____ Security Deposit: \$ _____

Owner to be contacted for approval of prospective tenant prior to leasing of property: ___Y___N

Pets Allowed: ___Y___N Non-refundable Fee\$ _____

Specifics: _____

Maintenance:	Owner	Tenant
Other: _____	_____	_____
Yard Service	_____	_____
Sprinkler System	_____	_____
Pest Control	_____	_____
Pool Service	_____	_____
Security System	_____	_____