

RESIDENTIAL MANAGEMENT INFORMATION FORM

--PLEASE RETURN WITHIN FIVE DAYS--

Thank you for choosing Greenleaf Realty LLC. In order to begin management we will need the following: A check for \$300.00 to be placed in your trust fund, keys, security codes, garage remotes, entry remotes, and rental agreement(s).

OWNER INFORMATION:

Name of Owner: Last: _____ First: _____

State of Legal Residence: _____

Street address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Phone (w): _____ (h) _____

Local Contact for Emergency: _____ Phone: _____

#1 Social Security #: _____ - _____ - _____ Name _____ (Required. by IRS)

#2 Social Security #: _____ - _____ - _____ Name _____ (Required. by IRS)

#3 Social Security #: _____ - _____ - _____ Name _____ (Required. by IRS)

EXISTING TENANT INFORMATION: (Use separate sheet for additional tenants)

Vacate Date: _____

If vacant, rent desired? \$ _____ Deposit desired \$ _____

Tenant Name: _____ (include all adults)

Tenant Name: _____ (include all adults)

Address: _____

City _____ State _____ Zip _____

Current rent rate: \$ _____ Deposit: \$ _____ Amount owing: \$ _____ Pd to date \$: _____

Grace period: _____ Late fee: \$ _____ Amount rent to be raised: \$ _____ Effective: _____

Phone numbers: (w) _____ (h) _____

We will need the rental agreement for the occupied property.

LEASING INFORMATION:

Term Available: Maximum: _____ 24 months _____ Minimum: _____ 12 months _____

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

PROPERTY MANAGEMENT (FINANCIAL):

Property Address: _____ City _____ Zip: _____

Please indicate if monthly statements are † emailed or † sent via USPS mail (additional \$5.00 per month)
Amount on hold \$300.00 or \$ _____ Security deposits are held in trust by Greenleaf Realty LLC.

Does anyone else get a monthly report? _____ if so, list equity % of each owner:

Owner #1 _____ % Owner #2 _____ % Owner #3 _____ %

Complete Authorization to send funds via ACH. (see attached ACH form)

DISBURSEMENT OF FUNDS: (check if applicable)

† Is Agent to make Deed of Trust (mortgage) payments: † Yes † No
† Date 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: PITI: _____ PI Only: _____
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.: _____ Account #: _____
† Accumulate in my Account: _____
† Special Instructions: _____

PROPERTY INFORMATION:

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 _____
Garage Door Opener: Yes/No If yes: # of controllers _____
Number of smoke detector(s): _____ † Battery † Electrical Wired
Smoke Detector locations: _____
Carbon monoxide detector(s): † Yes † No If yes, location: _____
Alarm/Security System: † Yes † No If Yes: Key/Code : #'s _____ Location: _____
Alarm Instructions: _____ Code: _____
Security company name: _____
Security company telephone: _____
Pool Service? Yes/No Who pays? Owner/Greenleaf Realty
Name: _____ Addr: _____ Amt: _____
Pool ID required, describe: _____
Lawn Service? Yes/No Who pays? Owner/Greenleaf Realty
Lawn Service Name: _____ Addr: _____ Amt: _____
If yes, describe responsibility: _____

Location of main water shut-off: _____
Location of outside faucet(s) shut-off: _____
Location of circuit breaker or fuse box: _____
Location of sump pump(s): _____
Please furnish sketch of septic tank, drain field and distribution box locations.
Well pump service company and phone: _____
Please furnish sketch of location of well, its depth, type of boring and pump (attach sheet)
Location of gas meter: _____

Indicate the total number of **different** property keys by placing a "1" on the appropriate line. If a door has two different locks, place a "2" on the line:

Front _____ Back _____ Side _____ Garage _____ Shed _____ Gate _____ Mailbox _____

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 Fees: _____

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

INSURANCE COVERAGE:

Homeowner's Insurance Policy must be converted. Attach copies.

As indicated the Owner must carry a Fire Insurance Policy on your rental property, as well as a Liability Insurance policy. Please change your Homeowner's policy, based on your insurance agent's instructions and have proper insurance coverage established through your insurance agent for fire, vandalism, malicious mischief, rent loss and liability, with Greenleaf Realty LLC named as additional insured.

OWNER MUST PROVIDE A COPY OF POLICY WITHIN 14 DAYS.

Home protection plan? † Yes † No New Home Warranty? † Yes † No
Company: _____ Plan No: _____ Phone: _____

Insurance Co. : _____ Policy# _____

Agent name: _____ Phone # _____

Have you notified your insurance agent that your property is a rental? † Yes † No

Fire & Comprehensive Company: _____ Agent: _____

Address: _____

Phone: _____ Fax: _____ Policy #: _____

Personal Liability Company: _____ Agent: _____

Address: _____

Phone: _____ Fax: _____ Policy #: _____

PROPERTY UTILITIES:

List any utilities included in rent: _____

Solar Panel † Yes † No

Electric Co.: _____ Acct: _____ Phone: _____

Gas Co.: _____ Acct: _____ Phone: _____

Location of gas meter: _____

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

Indicate any utilities currently in use: † electric † gas † water
 Who is to pay water/sewer/garbage? † Owner † Greenleaf Realty † Tenant.
 List any repairs, improvements or restorations in progress: _____
 Contractors' names and telephone numbers: _____
 List any known repairs, improvements or restorations that TR should initiate for you: _____

Owner must contact utility companies to make changes.

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: _____
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: _____

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

Owner must contact utility companies to make changes.

† Termite/Pest Co.: _____ Expires: _____ Phone: _____
 † Lawn Co.: _____ Expires: _____ Phone: _____
 † Alarm Co.: _____ Expires: _____ Phone: _____
 † Other .: _____ Expires: _____ Phone: _____

List any service or maintenance contracts currently in effect noting account number, contractor, expiration date and telephone number of contractor: _____

NOTE: Don't forget to have the billing address changed to our office.

PERFERRED VENDORS SELECTED BY OWNERS:

Initials: ____ / ____

Any preferred vendors selected by the owner must be licensed and insured. Vendors must provide a current W-9 and certificate of insurance prior to utilization of vendor services. **All preferred vendors must be readily accessible, present a professional image, make repairs in a timely manner; not to exceed 48 hours or sooner in the event of an emergency.** If unable to do so, the owner authorizes the agent to select vendor of Agent's choice.

OWNER QUESTIONNAIRE:

Property address: _____ **Date built:** _____

Are there any components not in normal operating condition at the above address? ____yes ____no

If yes, then describe: _____

Are you aware of any of the following at the above address?

	Substances, materials, or products which may be an environmental hazard such as but not limited to mold, asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks and contaminated soil or water on the property.	____ Yes	____ No
2	Room additions, structural modifications, stairs, other alterations or repairs made without necessary permits, or not in compliance with building codes.	____ Yes	____ No
3	Prior repairs or issues that might impact a current or future tenant?	____ Yes	____ No
4	Flooding, drainage, or grading problems.	____ Yes	____ No
5	Neighborhood noise problems or other nuisances.	____ Yes	____ No
6	Homeowners Association with authority over property.	____ Yes	____ No
	Attach or send a copy of CC&R's to Greenleaf Realty LLC.	____ Yes	____ No
7	Notices of abatement/citations against property.	____ Yes	____ No
8	Has anyone died on the property in the last three years?	____ Yes	____ No
9	Would you like the property inspected for repairs, hazards, or damages?	____ Yes	____ No
	Are you storing anything inside, outside, or in a store room or shed?	____ Yes	____ No
	Is anything stored at the property? (in the garage, attic, basement, etc.)	____ Yes	____ No
	Is this property in default/foreclosure on any mortgage loan?	____ Yes	____ No
	Is this property registered with the local government agency as a rental?	____ Yes	____ No

MARKETING INFORMATION:

Cross Streets: _____ Map Coordinates: _____

Directions: _____

Type of Property: † Single family † duplex † apartment † condominium † commercial (circle one)

Type lease: † month to month † six month † one year † more _____

Owner agrees to Lockbox? † Yes † No

Owner agrees to Rent Sign at Property? † Yes † No

Open Houses? † Yes † No

Listing of property on our website? † Yes † No

Public housing websites? † Yes † No

Property Features (Quick List)	
Bedroom(s)	
Number of Levels	
Garage	
Laundry	
Patio	
Yard	
Family Room	
Basement	
Fireplace	
Pool/Spa/Jacuzzi	
Sq. Footage	
Section8	

The Owner certifies that the information herein is true and correct to the best of the owner's knowledge as of the date signed by the owner.

Owner – printed

Owner - printed

Owner signature

Date

Owner signature

Date

CHECKLIST:

- † Sketch of septic tank, septic filed and distribution box attached
- † Mortgage payment documents delivered
- † Condominium/Coop/Homeowners Association payment documents delivered
- † Condominium/Coop/Homeowners Association Bylaws/Rules & Regulations delivered
- † Insurance Policies delivered
- † Property Keys, Remotes delivered
- † Appliances Instructions/care booklets delivered
- † Service Contracts/Warranties delivered