

All Owners-Please complete the following information and return this form, along with the Property Management Agreement and other necessary documents to Park Place Property Management to begin Property Management Services. Please circle all options that apply where noted and make any additional comments where needed. Please note that this required information enables us to most effectively market your property. We are not responsible for any information left incomplete.

Property Information: (to be completed by owner)

Property Address: _____

City, State, Zip: _____ County: _____

Subdivision/Complex: _____ Htd. Sqft. _____

Year Built: _____ (If property built Prior 1978, please sign the attached Lead Based Paint Addendum)

Bedrooms _____ # Full Baths _____ # Half Baths _____ Style: _____

Handicap Accessible: Y N # Fireplace(s) _____ Are all fireplaces operable: Y N

Basement: Y N Is Basement: Finished or Unfinished

Fenced Yard: Y N Is lawn care included: Y N

Rooms(circle all that apply): Living Room, Dining Room, Sunroom, Loft, Office, Bonus, Den, Eat-in Kitchen, Other: _____

Is property currently for sale: Y N If yes, date contract expires: _____

Company Name/Agent Contact Info: _____

General Property Information: (to be completed by owner)

Stories _____ Unit Floor # (if condo) _____ Furnished: Y N

Keys (please label & provide all that apply): Master key, storage key, mailbox key, pool key, other: _____

If Condo/Townhome complex, Parking # _____ Mailbox # _____ Pool Code or Card _____

If secured building, access or gate code _____ Security Code _____ Other _____

Security System: Y N Code: _____ Company: _____ For tenant use: Y N

Type of parking: Gravel Drive, Paved Drive, Grass, Other: _____

Garage Spaces: _____ # of Garage Door Openers: _____ (please provide all openers)

Garage Description (please circle all that apply): Attached Carport, Attached Garage, Basement Garage, Detached Carport, Detached Garage

Smoke Detectors: Y N How Many: _____ Location of each: _____

Carbon Monoxide Detectors: Y N Locations: _____

Filters (sizes and locations) _____

For the following items, please circle all that apply

Exterior Finish: Aluminum, Asbestos, Block, Brick Veneer, Cementous siding, Formed stone, Log, Pre-cast, Stone, Stucco, Stucco-eifs, Stucco- hard coat, Vinyl, Wood, Other: _____

Flooring: Brick, Carpet, Carpet over Wood, Concrete Slab/Grade, Laminate, Terrazo, Tile, Vinyl, Wood, Other: _____

Community Amenities: Pool, Lake Access, Boat Access, Clubhouse, Fitness, Walking Trails, Golf Course, Playground, Park, Other: _____

Any Membership Included: Y N If yes, please explain: _____

Other attributes: Deck, Patio, Carbon Monoxide Detector, Ceiling Fans, Fenced Yard, Hot tub, Pool, Jacuzzi, Security system, Basement, Blinds/Drapes, Disposal, Hardwood floors, Historic District, Lake Front, Horses, Lake access, Dock, Lawn Care, Newly Remodeled, Pond, Sauna, Skylights, Storage Shed, Sudio-Efficiency, Water front, Utilities Included, Wet Bar, Vaulted Ceilings, Other: _____

Leasing Information: (to be completed by owner)

Desired Monthly Rent: \$ _____ Students Accepted: Y N Smokers accepted: Y N

Section 8 accepted: Y N Occupied: Y N Occupied By: Tenant, Owner , Other: _____

Occupants name/ph#: _____

(If tenant occupied & lease in place, please provide Tenant Contact Info, Copy of Lease, & Sec. Deposit)

If occupied, when does property become vacant/available: _____

Pets allowed: Yes, No, Up to 25lbs only, Case by Case, Other: _____

Option to Purchase Property: Y N Desired Monthly Rent Amount : \$ _____

Lease terms *(please circle one)*: 12 month, 6 month, Month-to Month, other: _____

Features & Utilities: (to be completed by owner, please circle all that apply)

Appliances included (for tenant use): Built-in range, Compactor, Dishwasher, Disposal, Dryer, Exhaust Fan, Microwave, Oven, Range/Oven, Refrigerator, Washer, Dryer, W/D Hookups, Other: _____

Heating Source: Active Solar, Boiler, Circulator-Hot Water, Electric Baseboard, Electric Ceiling, Fireplace, Floor Furnace, Forced Warm Air, Ground-Water Heat Pump, Heat Pump, Multi-Zone, No Heat, Passive Solar, Radiator, Suspended Ceiling Heat, Wall Furnace, Wood Furnace

Heating Fuel: Coal, Electric, Natural Gas, No Fuel, Oil, Propane Gas, Solar, Wood Fuel, Other: _____

Cooling: Attic Fan, Attic Ventilator, Chiller, Central, Ground Water, Heat Pump, Multi-Zones, Single Level Only, Wall Unit(s), Window Unit(s), None, Other: _____

Water: Community/Subdivision, Private, Public, Spring, Well, Public Available, None, Other: _____

Sewer: Community, Private, Public, Public Avail, Septic, Other: _____ Sump Pump: Y N

Water Shut Off Location: _____ Is Power currently: On Off

Outdoor Garbage Cans Supplied at Property: Y N If no, who supplies: Owner Tenant

Trash pick-up day: _____ Recycling pick-up Day: _____

Utility companies at Property: Power _____ Heating/Gas _____

Water/Sewer _____ Trash _____ Oil Company _____

(Owner is responsible for having oil tank measured and providing receipt of measurement prior to occupancy)

Warranty Information: (to be completed by owner)

Are appliances Warranted: Y N If so, which appliances are warranted: _____

Who provides warranty: Builder, Owner, Home Warranty Company, Other: _____

Home Warranty on Property: Y N Contract Date: _____

(please provide copy of contract so we know what items are included under warranty)

Home Warranty Company: _____ Phone : _____ Conf #: _____

Builders Warranty on Property: Y N Builder Name/Ph #: _____

Other warranties: _____

Home Owners Insurance: Y N Company Name/Ph #: _____

(Please provide Certificate of Insurance) Date HomeOwners Insurance expires: _____

Home Owners Association: Y N HOA Name and Ph#: _____

Amount of Dues: _____/month HOA Dues include: _____

(HOA dues paid by owner unless otherwise noted)

Remarks: _____

Directions to property:

Services arranged by Birch Management: (to be completed by owner)

Gutters cleaned: Never, Once per Year, Twice per Year, Other: _____

Inspections (performed by Birch): None, At move in, Once per year, Once every 6mo, Other: _____

Direct Deposit of owner Proceeds: Y N (If yes, please attach a voided check).

Property Status: (this section to be completed by agent)

Date received property: _____ Prop. Inspected: Y N Date: _____

Monthly Rent: _____ Sec Dep: _____ Area/Grid: _____

Property type : Single Condo Townhome Duplex Triplex Multi-family

Status: Active Inactive Temporarily off market Closed Rented

Office and Showing Information: (this section to be completed by agent)

Lockbox on property: Y N Lockbox code: _____ Sign at property: Y N

Photos Taken: Y N Date: _____ Added to Marketing: Y N Date: _____

Compensation Type: % \$ Fixed None Compensation: _____

Owner Code: _____ Unit Code: _____

Keys provided: Master Key, Pool Key, Storage Key, Building Key, Mailbox Key, Other _____

#Garage Door Openers Provided: _____