## Property Information Sheet (to be completed by owner)

Please complete the property information sheet and provide the necessary documentation so that we can efficiently begin the setup process. If there is an HOA please provide any rules and regulations that we need to provide to the tenant. (If you are unsure of an answer please notate that on the form. Owner is responsible for inaccurate information provided to A. Meadows Property Management.)

Property Address:
City, State, Zip:County:
Subdivision/Complex name:
Year built Square feet Full baths Half baths
Handicap accessible Yes No # of Fireplace(s) Fireplace operable Yes No
Basement Yes No If yes, basement Finished Unfinished N/A
Fenced Yard:YesNo Is landscaping service included in rent?YesNo If yes, do you currently have a landscaper?YesNo If yes provide contact info:
Automatic Sprinklers Yes No N/A If yes, where is the control panel?
Rooms (Check all that apply): Living Room Family Room Dining Room Loft Bonus Room Sunroom Den Eat-in Kitchen In-Door Laundry Room Other:
Is the property currently for sale?   Yes   No If yes, when does the contract expire?
Company Name/Agent Contact Info:
Stories Unit Floor # (if condo) Furnished \_Yes \_No
Keys needed for (label and check all that apply) Property Key Pool Mailbox Storage
Other keys needed
If Complex w/assigned parking, etc. # of Spaces Parking Space #(s) Mailbox #
Pool Code or Card Gate Code Other
Security System Yes No If Yes, Code To be used by Tenant Yes No
Company Name & # Password for Company
Parking: Paved Driveway Gravel Garage # Garage Spaces # Garage Openers
Garage Description (Check all that apply) Attached Carport Attached Garage Detached Carport Detached Garage For full tenant use No
Smoke Detectors Yes No How Many Location of each
When were batteries last changed/checked?
Carbon Monoxide Detector(s) Yes No Location of each
Filters for A/C etc. (size and locations)

## Please check all that apply for the following:

Exterior Finish:AluminumBlockBrickFormed StoneLogPre-Cast StoneStucco VinylWoodOther:
Flooring: Brick Carpet Carpet over Wood Concrete Slab Laminate Tile Vinyl Wood Wood Laminate Other:
Community Amenities: Pool Lake Boat Access Clubhouse Fitness/Gym Walking Trails Golf Course Playground Park Other:
If any of the above are checked are they included in the rent?   Yes   No
Any Membership Fees to be paid by tenant?   Yes  No If yes, provide detail
Other attributes: Deck Patio Ceiling Fan Hot Tub Pool Blinds/Drapes Disposal Historic District Lake Front Dock Newly Remodeled Pond Sauna Skylights Wetba Vaulted Ceilings Granite Counters Other:
Leasing Information
Desired monthly rent \$Section 8 Accepted \_Yes \_No Currently Occupied \_Yes \_No
If Occupied, by Tenant Occupant name and phone #
If occupied, is there a move out date?   Yes   No If yes, what is the move out date?
Pets allowedYesNo If yes please check all that apply:Up to 25lbs onlyCase by CaseDog onlyCats onlyNo restrictionsOther:
Lease terms: 1 Year 6 month Month-to-Month Other:
Features and Utilites (please check all that apply)
Appliances included (for tenant use): Built in range Trash Compactor Dishwasher Disposal Dryer Exhaust Fan Microwave Oven Range/Oven Refrigerator Washer Washer/Dryer Hookups Whole House Fan Other:
Heating: Active Solar Electric Baseboard Fireplace Floor Furnace Forced Air Heat Heat Pump Dual Zone Heat 2 Systems Forced Air Passive Solar Wall Furnace Pellet Stove Other:
Heating Fuel: Coal Electric Natural Gas Propane Gas Solar Wood Fuel Other:
Cooling: Attic Fan Attic Ventilator Central Air Dual Zone 2 Systems A/C Wall Unit(s) Window Unit(s) None Other:
Water: Community/Subdivision Private Public Well Other:
Sewer: Community/Subdivision Private Public Septic Other: Sump Pump Yes No

Water Company Name/Number:	
Water Company Name/Number:	
Power shut off location:	Is Power currently on LYes LNo
Power Company Name/Number:	
Gas Company if different from power:	
Trash pickup day: Recycling Yes	□ No Yard waste □ Yes □ No
Trash pickup day: Recycling Yes Cans supplied by Trash Company Tenant Owne	er
Trash Company Name/Number:	
Warranty Information	
Are the appliances Warranted Yes No If so, which	appliances:
Who provides the warranty Builder Owner Hor	ne Warranty Company 🗌 Other:
Home Warranty on the Property Yes No If yes pr Home Warranty Company: Phor	
Builder's Warranty on the Property Yes No Phone	e # Contract #
Other warranties:	
Home Owner's Insurance Yes No Company/Contactive require owners and tenants to carry insurance and	
Home Owners Association Yes No HOA Name/Ph (Please provide a copy of all documents tenant is require	
HOA Dues \$ HOA Dues Include: (HOA dues are the owners responsibility unless otherwise	se noted)
Owner Control Information (places which describe)	•
Owner Contact Information (please print clearly):	•
Primary Contact  Primary Contact	Secondary Contact
Primary Contact	
Primary Contact  Name  Mailing Address:	
Primary Contact  Name  Mailing Address:  Home Ph:	
Primary Contact  Name  Mailing Address:  Home Ph:  Work Ph:	
Primary Contact  Name  Mailing Address:  Home Ph:  Work Ph:  Cell Ph:	Secondary Contact
Primary Contact  Name  Mailing Address:	Secondary Contact
Primary Contact  Name  Mailing Address:  Home Ph:  Work Ph:  Cell Ph:  Other Ph:	Secondary Contact