

**PROPERTY MANAGEMENT INFORMATION FORM**  
(To be used with the Property Management and Exclusive Rental Agreement)

NAME: Mrs./Mr./Ms. \_\_\_\_\_ Mrs./Mr./Ms. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_  
State of Legal Residence: \_\_\_\_\_  
Rental Property Address: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
Forwarding Address: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ FAX Phone \_\_\_\_\_  
Special Address for Telegraph, etc.: \_\_\_\_\_  
Local Contact for Emergency: \_\_\_\_\_ Phone \_\_\_\_\_  
Agent (company name): \_\_\_\_\_ Phone \_\_\_\_\_

Premises are in:  a Condominium  Cooperative  Property Owners Association:  
Project Subdivision \_\_\_\_\_, Unit No. \_\_\_\_\_, Building No. \_\_\_\_\_  
 County  City of \_\_\_\_\_, Virginia.  
Number of Assigned Parking Spaces \_\_\_\_\_, Parking Space No.(s) \_\_\_\_\_  
Storage Bin No. \_\_\_\_\_, Mail Box No. \_\_\_\_\_, No. of Keys Provided \_\_\_\_\_

**LEASING INFORMATION:**  
Term Available Maximum \_\_\_\_\_ Minimum \_\_\_\_\_  
Monthly Rent Desired: Maximum \_\_\_\_\_ Minimum \_\_\_\_\_  
Will you accept a:  Dog  Cat  Other ; \_\_\_\_\_ Number of Pets ; \_\_\_\_\_ Weight of Pet Collect Deposit:  Yes  No

**DISBURSEMENT OF FUNDS (check if applicable):**  
\*Is Agent to make Deed of Trust (mortgage) payments:  Yes  No \*When is Agent to begin making payments? \_\_\_\_\_  
\*Landlord must notify mortgage company in writing if Agent is to handle payments and supply payment books, cards 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: \_\_\_\_\_  
Lender: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount of Payment \$ \_\_\_\_\_ Loan No. \_\_\_\_\_ Due \_\_\_\_\_  
 Property Taxes \_\_\_\_\_ Due \_\_\_\_\_  
 Insurance \_\_\_\_\_ Due \_\_\_\_\_  
 Deposit rent balances in Bank: \_\_\_\_\_  
Bank: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Account No. \_\_\_\_\_  Checking  Savings  
Account in the Name of \_\_\_\_\_  
 Accumulate in my Account \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

**MEMBERSHIP AND DUES:**  
\*If Agent is to pay, please supply any payment books, cards and 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 Association: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Agent to Pay:  Yes  No Payment Schedule \_\_\_\_\_  
Fees Include: \_\_\_\_\_  
Resident Manager: \_\_\_\_\_  
Elevator Fee: \_\_\_\_\_ Move In/Out Restrictions/Fees: \_\_\_\_\_  
Maintenance/Office/Repair Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**CONDOMINIUM/COOPERATIVE/HOMEOWNER ASSOCIATION LANDLORDS:** Please attach a copy of your association Bylaws/Rules and Regulations to this form.

**INSURANCE COVERAGE:** (Homeowner's policy must be converted or amended to \_\_\_\_\_.)  
if not submitted herewith, a copy of the insurance policy must be forwarded to Agent for retention in file.  
Fire and Comprehensive: Insurance Agent \_\_\_\_\_ Phone \_\_\_\_\_  
Policy No. \_\_\_\_\_ Expires \_\_\_\_\_  
Personal Liability: Insurance Agent \_\_\_\_\_ Phone \_\_\_\_\_  
(Landlords' & Tenants') Policy No. \_\_\_\_\_ Expires \_\_\_\_\_

**UTILITIES:**  
 Electric Company: \_\_\_\_\_ Phone \_\_\_\_\_  
 Gas Company: \_\_\_\_\_ Phone \_\_\_\_\_  
 Is gas meter inside or outside Premises? \_\_\_\_\_  
 Water and Sewer Company: \_\_\_\_\_ Phone \_\_\_\_\_  
 Location of main cut off valve: \_\_\_\_\_  
 Locations of exterior faucet cut off valves: \_\_\_\_\_  
 Telephone Company: \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of Phone Jacks: \_\_\_\_\_ Locations of Phone Jacks: \_\_\_\_\_  
 Cable TV Company: \_\_\_\_\_ Phone \_\_\_\_\_  
 Locations of Cable Outlets: \_\_\_\_\_  
 Trash Company: \_\_\_\_\_ Pick Up Day: \_\_\_\_\_ Phone \_\_\_\_\_  
 Fuel Oil Company: \_\_\_\_\_ Size of Tank: \_\_\_\_\_ Phone \_\_\_\_\_  
 Septic Tank Company: \_\_\_\_\_ Phone \_\_\_\_\_  
 Attach sketch of septic tank, septic field and distribution box locations.  
 Date last pumped: \_\_\_\_\_  
 Well and Pump Service: \_\_\_\_\_ Phone \_\_\_\_\_

**HEATING AND AIR CONDITIONING:**

Type of Heating:  Hot Air  Hot Water Fuel:  Gas  Oil  Electric  
 Furnace: Make \_\_\_\_\_ Model No. \_\_\_\_\_  Gas  Oil  Electric  
 Service Contract Co. \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_  
 Heat Pump: Make \_\_\_\_\_ Model No. \_\_\_\_\_  Gas  Electric  
 Service Contract Co. \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_  
 Central Air: Make \_\_\_\_\_ Model No. \_\_\_\_\_  Gas  Electric  
 Window/Wall Service Contract Co. \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_  
 Air Conditioners: No. of Units \_\_\_\_\_ Make(s) \_\_\_\_\_ Model No. \_\_\_\_\_ Age(s) \_\_\_\_\_  
 Hot Water Heater: Make \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Age \_\_\_\_\_ Capacity \_\_\_\_\_  Gas  Oil  Electric  
 Electronic Air Filter: Make \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Humidifier: Make \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Smoke Detectors: Locations \_\_\_\_\_

**APPLIANCES:** Provide all instructions/care booklets available.

Refrigerator: Make \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Age \_\_\_\_\_ Color \_\_\_\_\_  
 Service Contract Co. \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_  
 Stove: Make \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Age \_\_\_\_\_ Color \_\_\_\_\_  Gas  Electric  
 Service Contract Co. \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_  
 Disposal: Make \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Service Contract Co. \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_  
 Dishwasher: Make \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Age \_\_\_\_\_ Color \_\_\_\_\_  Portable  Built-in  
 Service Contract Co. \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_  
 Exhaust Fan/Hood: Make \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Age \_\_\_\_\_ Self-Vented \_\_\_\_\_ Externally Vented \_\_\_\_\_  
 Washer: Make \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Age \_\_\_\_\_ Color \_\_\_\_\_  
 Service Contract Co. \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_  
 Dryer: Make \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Age \_\_\_\_\_ Color \_\_\_\_\_  
 Service Contract Co. \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_  
 Microwave: Make \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Age \_\_\_\_\_ Color \_\_\_\_\_  
 Service Contract Co. \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_

Should any of the above appliances need to be replaced, what color or make would be acceptable? \_\_\_\_\_

**OTHER APPLIANCES OR EQUIPMENT:** Please furnish pertinent information below.

**OTHER SERVICE CONTRACT OR WARRANTIES** (attach copies if available):

Termite \_\_\_\_\_ Company \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_  
 Lawn \_\_\_\_\_ Company \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_  
 Item \_\_\_\_\_ Company \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_

Agent will call Landlord's contractors whenever possible, but in no event shall Agent be held liable should Agent fail to do so.

**OTHER INFORMATION**

- Sketch of septic tank, septic field and distribution box attached.
- Mortgage payment documents received.
- Condominium/Cooperative/Homeowners Association payment documents received.
- Condominium/Cooperative/Homeowners Association Bylaws/Rules and Regulations received.
- Insurance Policies received.
- Appliance instruction/care booklets received.
- Service Contracts/Warranties received.

LANDLORD:

Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

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