New Property Intake Form

Property Address:	
Owner Representative:	
Cell Phone:	Contract Execution Date:
Email:	
Other Owner:	Phone:
Other Owner Email:	
☐ If more than two owners indicate here and	
Insurance Co.:	Renewal Date:
HOA:	Phone:
Currently Rented: Current Rent:	Lease End Date:
If rented, we will need a copy of the lease, applic	cation and contact info for tenants.
PROPER	TTY DETAILS
Type of Property:# of	f units: Desired Rent:
Square Footage: # Bedrooms:	# Bathrooms: Stories:
Office: yes / no Additional Living Space: Yes	/ no Dining type:
Garage Spaces: Other Parking:	# spaces:
Utilities:	
Any owner paid utilities:	
Company Info: Electric:	Water:
Gas: Cable:	
Stove: Electric Gas Dryer:	

Property Address:				
Appliances Include	d:			
☐ Refrigerator	□ Microwave □ Wa	sher 🗆 Drver		
	ps ONLY Select Ty			
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Types of Flooring (v	vood, carpet, stained conc	rete, tile, linoleum, etc.):		
Living:	kitchen:	Dining:		
Bedroom 1:	Bedroom 2:	Bedroom 3:		
Bedroom 4:	Bathroom 1:	Bathroom 2		
Limitations: Size/Ty Additional Pet Depo	/pe/Quantity, etcsits:	Other (specify):		
Smoking allowed: Additional Deposit Amt: Penalty for smoking:				
Yard: Sprinkler System: Fence (type):				
Please list any featur	res that make your propert	y unique:		
Community Amenitic	es:			
School District:				
Middle:				
High School:				

Property Address Owners Name and Address Owners social Security Number or Tax ID Number Contact numbers Email Address(s) Make Checks Payable to Mailing address Insurance Company Address & Phone Number Policy Number J & P will need rental agreement(s) and any other rental history of current tenant(s). Additional Information Please provide tenant name (s) and contact information.