

Centerpointe Property Management, LLC
Property Management Information Form

Client Information:

- 1 Owner Name: _____ Owner Name: _____
2 Owners Mailing Address: _____
City, State, Zip: _____
3 Social Security Number: _____ Social Security Number: _____
4 Telephone Home: _____ Work: _____
Cell: _____ Fax: _____
5 Primary email: _____ Alternative: _____
6 Monthly Rental Payments: (Please check one)
I would like my rental payments Mailed Electronically Deposited.
7 Are you participating in any type of employee relocation program? Yes No
If "Yes": the program is named: _____ Contact: _____
and the terms of the program are: _____

- 8 The owner is OR is not a real estate licensee (active/inactive).
9 The owner is OR is not a non resident alien.
10 The owner is OR is not a resident of Virginia.
11 The owner has an ownership interest in: _____ in residential leased property in Virginia.
12 The owner wishes does not wish Leases to be administered under the Virginia Residential Landlord Tenant Act.

Property Information

- 1 Investment Property Address: _____
2 Date property will be vacant: _____
3 Minimum Lease term: _____ months. Maximum Lease term: _____ .
4 Are pets allowed? _____ If "Yes" what types and max weight: _____
5 Will you accept Subsidized County Housing?
6 Mail box number: _____ Location: _____
7 Are Parking Stickers Required? _____
Are quest parking tags Required? _____
How many assigned parking space(s) _____
What are the Parking Space Number(s): _____
8 Location of main water shut-off: _____
9 Location of circuit breaker or fuse box: _____
10 Location of the smoke detector(s): _____
11 Location of sump pump: _____
12 Location of water spigot turn off: _____
13 Number of Level in Property: _____
14 Number of Bedrooms in Property: _____
15 Number of Full Baths: _____ Number of Half Baths: _____ Number of 3/4 Baths: _____
16 Number of Fire Places & Location: _____
17 Is there a basement: _____ Is the basement finished: _____

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Amenities: The owner shall provide as part of the Premises all existing built-in heating & Central air conditioning equipment, plumbing & lighting fixtures, sump pump, attic fans, storm windows, storm doors, screens, installed wall-to-wall carpeting, smoke and heat detectors, exterior trees & shrubs and if so indicated below the following checked fixtures & appliances:

Yes	No	As-is		Yes	No	As-is	
			Stove				Hot Tub & Equip
			Cook top				Ceiling Fans
			wall oven(s)				Washer
			Refrigerator(s)				Dryer
			w/ice maker				Furnace Humid.
			Dishwasher				Elec. Air Filters
			Blt. in Microwave				Central Vacuum
			Trash Compactor				Water Treatment
			Disposer				Exhaust Fan(s)
			Freezer				Alarm System
			Window Fan(s)				Garage Opener
			Window A/C Unit				w/remotes
			Pool, & Equip				Shades/Blinds
			Storage Sheds				Playground Equip.

Major Systems of the House

- 1 Water Supply-is it public or well: _____
- 2 Sewage Disposal-is it public or septic: _____
- 3 Hot Water- Is it Oil, Gas, Electric or Not Sure: _____
- 4 Air Conditioning-Is it Oil, Gas, Electric or Not Sure: _____
- 5 Heat- Is it Oil, Gas, Electric or Not Sure: _____
- 6 Other: _____

Utility Company (Please name)

- 1 Electric: _____
- 2 Gas: _____
- 3 Water: _____
- 4 Sewer: _____
- 5 Trash: _____
- 6 Cable: _____
- 7 Telephone: _____
- 8 Other: _____

- 9 Trash Day: _____
- 10 Recycle Days: _____

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HOA, Condo's, & Subdivision Information

- 1 Hoa or Condo Name: _____
2 Address: _____
3 Phone: _____ Fax: _____
4 Subdivision name (if different from the HOA or Condo name): _____

5 Hoa or Condo's Include:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	<input type="checkbox"/>	Lake
<input type="checkbox"/>	<input type="checkbox"/>	Comm. Pool	<input type="checkbox"/>	<input type="checkbox"/>	Walking Trails
<input type="checkbox"/>	<input type="checkbox"/>	Golf	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping
<input type="checkbox"/>	<input type="checkbox"/>	Tot Lot			

- 6 Do you have the HOA/Condo rules & regulations? If not you will need to order one to provide to the tenant prior to move in.

Contracts

- 1 Your fire&liability insurance company: _____
Policy Number: _____
Agents Name: _____
2 List any appliances currently under warranty & expiration date: _____

3 List any service/maintenance/pest control contracts in place: (please include name, number, & expiration date):

4 If there is any Alarm System, please list the company's name, number and the current access code for the alarm: _____

Other

- 1 List any repairs you would like completed before put on the Rental market: _____

2 List any additional Lease terms you would like added to the Lease: _____

Centerpointe Property Management, LLC Direct Deposit Authorization Form

Company Name: **Centerpointe Property Management, LLC**

I (we) hereby authorize _Centerpointe Property Management, LLC___, hereinafter called COMPANY, to initiate credit Entries and to initiate, if necessary, debit Entries and adjustments for any credit Entries in error to my (our) () **Checking** () **Savings** account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Account Owner Name _____
(PLEASE PRINT)

Account Co-Owner Name _____
(PLEASE PRINT)

DATE _____

Account Owner Signature _____

Account Co-Owner Signature _____

Please attach a voided CHECK or SAVINGS Slip here.

Sample Check

JOHN DOE
JANE DOE
123 Elm Street
Home Town, XX 99818

55-999/299

1045

PAY TO THE ORDER OF _____

\$ _____

_____ 19__

_____ DOLLARS

FOR _____

|: 099909999 |: ||* 23***45678 9 ||* 1045

| Transit Routing / | | Account Number | | Check |

ABA Number

Number

(9 Digits)

TO REQUEST A COPY OF A FULL MANAGEMENT AGREEMENT PLEASE CALL:

(703) 580-7368 OR FAX (703) 991-2189

P.O. Box 3426, Fredericksburg, VA 22402-3426

Summery of Management Fee's		
~ This list does not include all service's or price's. To Request a copy of The Management Agreement you will be signing with Centerpointe please call the office~		
SERVICES	\$\$ FEE'S \$\$	% OF MONTH RENT
*Normal Management Services		8%
Managing During Vacancy		8%
Managing a furnished rental		8.50%
Insurance claim coordination	\$ 25.00	
**Attending HOA/Condo meetings	\$50.00/hrly	
Obtaining multiple bids	\$ -	
Acting as an Attorney in Fact	\$ -	
Lease renewal or extension	\$ 150.00	
***Professional Inspection w/inspection, w/picture's	\$70/1x/yrly	
Making scheduled payment on mortgage, condo/HOA, or any other bills from landlord's account	\$5/ monthly	

For a list of Normal Management Services, Please Request a copy of a Property Management Agreement.

Must request CPM to attend such meetings with adequate notice in writing.

Required inspection