RESIDENTIAL PROPERTY RENTAL FOLDER

NAME: **OWNER INFORMATION** Owner Name: Street Address: _____ County: _____ State: ____ Zip: ____ Home Phone: Cell Phone: _____ Fax: ____ Work Phone: ___ PROPERTY INFORMATION Date Available for rent: Type of Property: ____ Single Family ____ Attached ___ Detached ___ Condominium ___ Townhome _____ Apartment _____ Mobile Home Property Address: County: _____ State: Estimated Square Footage: _____ Bedrooms: _____ Living Room: ____ Bonus Room: Other: Garage: _____ Pool: ____ Recreation Areas: ____ _____ Stove: ____ Appliances Remaining: Refrigerator: ____ Washer/Dryer: _____ Microwave: _____ Dishwasher: ____ Other: ____ **GENERAL INFORMATION** Lawn Care Instructions: Pets: Not Allowed: _____ Allowed: _____ RENT INFORMATION ______ Deposit: _____ Pet Deposit: _____ Date: _____ Monthly Rental Amount: RENTER INFORMATION Owner Name: ___ Street Address: _____ County: _____ State: ____ Zip: _____ City: Home Phone: _____ Cell Phone: _____ Work Phone: ______ Fax: _____ _____ Credit Check: _____ Email: ___ References: MARKETING For Rent Sign Needed? ____ Yes ____ No Sign Ordered? ____ Yes ____ No Sign Company: ____ Advertising Flyer Needed? ____ Yes ____ No Request for Photograph of Property? ____ Yes ____ No Open House Schedule: Date #1: _____ Time: ____ Date #2: ____ Time: ____ Date #3: ____ Time: ___

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CUR	RENT RENTE	R INFORM	AHON	
Owner Name:				
Street Address:				
City:	_ County:	Sta	ate:	Zip:
Home Phone:				
Work Phone:		Fax:		
Email:				
References:				
Bank Name:				
Street Address:				
City:	County:	Sta	ate:	Zip:
Account Numbers:				
Social Security Number:		Lease/R	ental Contract Sig	ned:
	DENTAL E	AVMENT		
	RENTAL F	AYMENT		
Payment Due Date: Late Fe	ee: Make	e Payment Paya	ble to:	
Send Payment to:				
	ALARM C	OMPANY		
	ALAITINIO	OMPANT		
Alarm Company:				
Alarm Code & Password:				
Gate Codes:				
НС	DMEOWNERS	ASSOCIAT	TION	
Main Association Contact & Phone Number	γ.			
Main Association Contact & Filone Number	·			
	MANAGEMEN	T COMPAN	١Y	
Name:				
Main Contact & Phone Number:				
Handy Man:				
Painting Contractor:				
Plumber:				
Electrician:				
Pest Control Company:				
1 1				
	NOT	ES		

TELEPHONE & NOTE LOG

DATE	CONTACT	TELEPHONE #	SUBJECT
	PROPERT	Y "SHOWI	NG" HISTORY
VIOLE DATE			
VISIT DATE	CONTACT NAME	TELEPHONE #	SUBJECT

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