



PROPERTY OWNER QUESTIONNAIRE

This questionnaire is a rather lengthy document, but it is necessary for the efficient management of your property. Please take time to complete the form as accurately and fully as possible, but leave blank any sections that are not relevant to your circumstances. If there are any questions to which you do not know the answers and cannot easily find out, leave them blank; but equally if there is any additional information you feel we should have, please add it to the form or on a separate sheet of paper. Please use block capitals or write clearly.

Address of property to be rented: _____	
Full name(s) of owner(s): _____	
Address for communication: _____	
Contact details:	Home tel no: _____
<i>Please state if we should</i>	Office tel no: _____
<i>not send certain types</i>	Fax: Mobile: _____
<i>of information by fax or email</i>	Email: _____

Alternative emergency contact:	Name: _____
Contact details:	Home tel no: _____ Office tel no: _____ Email: _____
Who are they?	_____

Period of availability:	From: _____ To: _____
Is this finite or likely to be extended?	_____

Tenant criteria: (circle)	Smokers? Yes No	Pets? Yes No
Any other comments:	_____	

What rent would you like to achieve?	\$ _____
Is there a minimum rent that you would accept without further discussion?	\$ _____
What security deposit amount would you like to secure?	_____

Appliances remaining with property:	___ Refrigerator, ___ Stove, ___ Oven, ___ Dishwasher,
(check all that apply)	___ Microwave, ___ Washing Machine, ___ Clothes Dryer, ___ Icemaker, ___ Wine
	Cooler, ___ Stand Alone Freezer

Utility companies: Electricity _____ Internet: _____
Gas _____ Water _____
What does Gas Svc control? ___ Hot Water Heater ___ Heat ___ Cooking ___ Fireplace Other: _____
Cable: _____ Garbage collection day / time: _____
Who pays the garbage collection bill? (usually owner) Owner Tenant (circle one)
Does the property have a septic tank? **Yes No** (If yes, please provide details of emptying contractor, whether collections are automatic; and an indication of frequency and cost): _____
If there is a security system, what is the alarm code? _____
Average utility bills:
Electricity: _____
Gas: _____
Water: _____

Repairs – If you wish particular trades people to be used, please give details:

Landscaping (circle one) – 1. Agent to arrange 2. Owner's gardener 3. Owner in person 4. Tenant Resp.

Service contracts and warranties – please give details of any contract and also list any items of equipment left in the property that are still under warranty (item, year bought, term):

Bank details (FULL Mgmt Only)–if funds are to be deposited on owner's behalf (this is *optional* and must be with local bank):
Bank Name: _____
Branch address: _____
Routing code: _____
Account no: _____
Account name: _____

Owner(s) Signature: _____

Date: _____

Questionnaire received: Date: _____ Initials: _____

Entered on marketing system: Date: _____ Initials: _____