

All Owners-Please complete the following information and return this form, along with the Property Management Agreement and other necessary documents to Birch Management, Inc. to begin Property Management Services. Please circle all options that apply where noted and make any additional comments where needed. Please note that this required information enables us to most effectively market your property. We are not responsible for any information left incomplete.

**Property Information: (to be completed by owner)**

Property Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Subdivision/Complex: \_\_\_\_\_ Htd. Sqft. \_\_\_\_\_

Year Built: \_\_\_\_\_ (If property built Prior 1978, please sign the attached Lead Based Paint Addendum)

# Bedrooms \_\_\_\_\_ # Full Baths \_\_\_\_\_ # Half Baths \_\_\_\_\_ Style: \_\_\_\_\_

Handicap Accessible: Y N # Fireplace(s) \_\_\_\_\_ Are all fireplaces operable: Y N

Basement: Y N Is Basement: Finished or Unfinished

Fenced Yard: Y N Is lawn care included: Y N

Rooms(circle all that apply): Living Room, Dining Room, Sunroom, Loft, Office, Bonus, Den, Eat-in Kitchen, Other: \_\_\_\_\_

Is property currently for sale: Y N If yes, date contract expires: \_\_\_\_\_

Company Name/Agent Contact Info: \_\_\_\_\_

**General Property Information: (to be completed by owner)**

Stories \_\_\_\_\_ Unit Floor # (if condo) \_\_\_\_\_ Furnished: Y N

Keys (please label & provide all that apply): Master key, storage key, mailbox key, pool key, other: \_\_\_\_\_

If Condo/Townhome complex, Parking # \_\_\_\_\_ Mailbox # \_\_\_\_\_ Pool Code or Card \_\_\_\_\_

If secured building, access or gate code \_\_\_\_\_ Security Code \_\_\_\_\_ Other \_\_\_\_\_

Security System: Y N Code: \_\_\_\_\_ Company: \_\_\_\_\_ For tenant use: Y N

Type of parking: Gravel Drive, Paved Drive, Grass, Other: \_\_\_\_\_

# Garage Spaces: \_\_\_\_\_ # of Garage Door Openers: \_\_\_\_\_ (please provide all openers)

Garage Description (please circle all that apply): Attached Carport, Attached Garage, Basement Garage, Detached Carport, Detached Garage

Smoke Detectors: Y N How Many: \_\_\_\_\_ Location of each: \_\_\_\_\_

Carbon Monoxide Detectors: Y N Locations: \_\_\_\_\_

Filters (sizes and locations) \_\_\_\_\_

*For the following items, please circle all that apply*

Exterior Finish: Aluminum, Asbestos, Block, Brick Veneer, Cementous siding, Formed stone, Log, Pre-cast, Stone, Stucco, Stucco-eifs, Stucco- hard coat, Vinyl, Wood, Other: \_\_\_\_\_

Flooring: Brick, Carpet, Carpet over Wood, Concrete Slab/Grade, Laminate, Terrazo, Tile, Vinyl, Wood, Other: \_\_\_\_\_

Community Amenities: Pool, Lake Access, Boat Access, Clubhouse, Fitness, Walking Trails, Golf Course, Playground, Park, Other: \_\_\_\_\_

Any Membership Included: Y N If yes, please explain: \_\_\_\_\_

Other attributes: Deck, Patio, Carbon Monoxide Detector, Ceiling Fans, Fenced Yard, Hot tub, Pool, Jacuzzi, Security system, Basement, Blinds/Drapes, Disposal, Hardwood floors, Historic District, Lake Front, Horses, Lake access, Dock, Lawn Care, Newly Remodeled, Pond, Sauna, Skylights, Storage Shed, Sudio-Efficiency, Water front, Utilities Included, Wet Bar, Vaulted Ceilings, Other: \_\_\_\_\_

***Leasing Information: (to be completed by owner)***

Desired Monthly Rent: \$ \_\_\_\_\_ Students Accepted: Y N Smokers accepted: Y N

Section 8 accepted: Y N Occupied: Y N Occupied By: Tenant, Owner , Other: \_\_\_\_\_

Occupants name/ph#: \_\_\_\_\_

*(If tenant occupied & lease in place, please provide Tenant Contact Info, Copy of Lease, & Sec. Deposit)*

If occupied, when does property become vacant/available: \_\_\_\_\_

Pets allowed: Yes, No, Up to 25lbs only, Case by Case, Other: \_\_\_\_\_

Option to Purchase Property: Y N Desired Monthly Rent Amount : \$ \_\_\_\_\_

Lease terms *(please circle one)*: 12 month, 6 month, Month-to Month, other: \_\_\_\_\_

***Features & Utilities: (to be completed by owner, please circle all that apply)***

Appliances included (for tenant use): Built-in range, Compactor, Dishwasher, Disposal, Dryer, Exhaust Fan, Microwave, Oven, Range/Oven, Refrigerator, Washer, Dryer, W/D Hookups, Other: \_\_\_\_\_

Heating Source: Active Solar, Boiler, Circulator-Hot Water, Electric Baseboard, Electric Ceiling, Fireplace, Floor Furnace, Forced Warm Air, Ground-Water Heat Pump, Heat Pump, Multi-Zone, No Heat, Passive Solar, Radiator, Suspended Ceiling Heat, Wall Furnace, Wood Furnace

Heating Fuel: Coal, Electric, Natural Gas, No Fuel, Oil, Propane Gas, Solar, Wood Fuel, Other: \_\_\_\_\_

Cooling: Attic Fan, Attic Ventilator, Chiller, Central, Ground Water, Heat Pump, Multi-Zones, Single Level Only, Wall Unit(s), Window Unit(s), None, Other: \_\_\_\_\_

Water: Community/Subdivision, Private, Public, Spring, Well, Public Available, None, Other: \_\_\_\_\_

Sewer: Community, Private, Public, Public Avail, Septic, Other: \_\_\_\_\_ Sump Pump: Y N

Water Shut Off Location: \_\_\_\_\_ Is Power currently: On Off

Outdoor Garbage Cans Supplied at Property: Y N If no, who supplies: Owner Tenant

Trash pick-up day: \_\_\_\_\_ Recycling pick-up Day: \_\_\_\_\_

Utility companies at Property: Power \_\_\_\_\_ Heating/Gas \_\_\_\_\_

Water/Sewer \_\_\_\_\_ Trash \_\_\_\_\_ Oil Company \_\_\_\_\_

*(Owner is responsible for having oil tank measured and providing receipt of measurement prior to occupancy)*

**Warranty Information: (to be completed by owner)**

Are appliances Warranted: Y N If so, which appliances are warranted: \_\_\_\_\_

Who provides warranty: Builder, Owner, Home Warranty Company, Other: \_\_\_\_\_

Home Warranty on Property: Y N Contract Date: \_\_\_\_\_

*(please provide copy of contract so we know what items are included under warranty)*

Home Warranty Company: \_\_\_\_\_ Phone : \_\_\_\_\_ Conf #: \_\_\_\_\_

Builders Warranty on Property: Y N Builder Name/Ph #: \_\_\_\_\_

Other warranties: \_\_\_\_\_

Home Owners Insurance: Y N Company Name/Ph #: \_\_\_\_\_

*(Please provide Certificate of Insurance)* Date HomeOwners Insurance expires: \_\_\_\_\_

Home Owners Association: Y N HOA Name and Ph#: \_\_\_\_\_

Amount of Dues: \_\_\_\_\_/month HOA Dues include: \_\_\_\_\_

*(HOA dues paid by owner unless otherwise noted)*

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Directions to property:

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***Services arranged by Birch Management: (to be completed by owner)***

Gutters cleaned: Never, Once per Year, Twice per Year, Other: \_\_\_\_\_

Inspections (performed by Birch): None, At move in, Once per year, Once every 6mo, Other: \_\_\_\_\_

Direct Deposit of owner Proceeds: Y N (If yes, please attach a voided check).

***Property Status: (this section to be completed by agent)***

Date received property: \_\_\_\_\_ Prop. Inspected: Y N Date: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Sec Dep: \_\_\_\_\_ Area/Grid: \_\_\_\_\_

Property type : Single Condo Townhome Duplex Triplex Multi-family

Status: Active Inactive Temporarily off market Closed Rented

***Office and Showing Information: (this section to be completed by agent)***

Lockbox on property: Y N Lockbox code: \_\_\_\_\_ Sign at property: Y N

Photos Taken: Y N Date: \_\_\_\_\_ Added to Marketing: Y N Date: \_\_\_\_\_

Compensation Type: % \$ Fixed None Compensation: \_\_\_\_\_

Owner Code: \_\_\_\_\_ Unit Code: \_\_\_\_\_

Keys provided: Master Key, Pool Key, Storage Key, Building Key, Mailbox Key, Other \_\_\_\_\_

#Garage Door Openers Provided: \_\_\_\_\_

**Owner Information: (to be completed by owner)**

Primary Contact

Secondary Contact

Name: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Ph: \_\_\_\_\_

\_\_\_\_\_

Work Ph: \_\_\_\_\_

\_\_\_\_\_

Mobile Ph: \_\_\_\_\_

\_\_\_\_\_

Other Ph: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

How did you hear about us: \_\_\_\_\_