

PROPERTY MANAGEMENT INFORMATION FORM
(To be used with the Property Management Agreement)

LANDLORD(s): _____
 Social Security No. _____ Social Security No. _____
 State of Legal Residence: _____
 Rental Property Address: _____
 Legal Description: _____
 Forwarding Address: _____
 Home Phone _____ Work Phone _____
 Fax Phone _____ Cell Phone _____
 Email _____
 Local Contact for Emergency: _____ Phone _____
 Agent (company name): _____ Phone _____
 When does Landlord expect to return and live in this property? _____

Premises are in: **Condominium** **Cooperative** **Property Owners Association:**
 Project Subdivision _____, Unit No. _____, Building No. _____
 County City of _____, Virginia.
 Number of Assigned Parking Spaces _____, Parking Space No. (s) _____
 Storage Bin No. _____, Mail Box No. _____, No. of Keys Provided _____

LEASING INFORMATION:
 Term Available Maximum: _____ Minimum: _____
 Monthly Rent Desired: Maximum: _____ Minimum: _____
 Will you accept a: Dog Cat Other; Number of Pets: _____ Weight of Pet: _____
 Collect Deposit: Yes No

DISBURSEMENT OF FUNDS (check if applicable):

- Is Agent to make Deed of Trust (mortgage) payments?: Yes No
- When is Agent to begin making payments? _____
- Landlord must notify mortgage company in writing if Agent is to handle payments and supply payments books, cards, and envelopes (if applicable).
- Landlord must have funds available in the account in order to make payments.

First Deed of Trust: PITI _____
 PI Only _____
 Lender: _____ Phone _____
 Address: _____
 Amount of Payment \$ _____ Loan No. _____ Due _____

Second Deed of Trust: PITI _____
 PI Only _____
 Lender: _____ Phone _____
 Address: _____
 Amount of Payment \$ _____ Loan No. _____ Due _____

- Property Taxes _____ Due _____
- Insurance _____ Due _____
- Deposit rent balances in Bank: _____
 Phone _____
 Address: _____
 Account No. _____ Checking Savings
 Account in the Name of: _____
- Accumulate in my Account: _____
- Special Instructions: _____

ASSOCIATION MEMBERSHIP AND DUES:

- Is Agent to make Association Membership/Dues payments?: Yes No
- When is Agent to begin making payments? _____
- Landlord must notify all applicable associations in writing of management agreement.
- Landlord must have funds available in the account in order to make payments.

Swimming Pool: _____ Phone _____
 Address: _____
 Tenant to pay: Yes No Membership No.: _____
 Fees include: _____

Homeowners' Association: _____ Phone _____
 Address: _____
 Agent to pay: Yes No Payment Schedule: _____
 Fees include: _____

Condominium Association: _____ Phone _____
 Address: _____
 Agent to Pay: Yes No Payment Schedule: _____
 Fees Include: _____

Resident Manager: _____
 Elevator Fee: _____ Move In/Out Restrictions/ Fees: _____
 Maintenance/Office/Repair Contact: _____ Phone _____

CONDOMINIUM/COOPERATIVE/HOMEOWNER ASSOCIATION LANDLORD:

Please attach a copy of your Association Bylaws/Rules and Regulation to this form.

INSURANCE COVERAGE: (Homeowner's policy must be converted or amended to _____.) If not submitted herewith, a copy of the Insurance policy must be forwarded to Agent for retention in file.

Damage/Comprehensive:
 Insurance Agent _____ Phone _____
 Policy No. _____ Expires _____

Personal Liability:
 Insurance Agent _____ Phone _____
 Policy No. _____ Expires _____

UTILITIES:

Electric Company: _____ Phone _____

Gas Company: _____ Phone _____

Is gas meter inside or outside Premises? _____

Water and Sewer Company: _____

Location of Main Cut Off Valves: _____

Telephone Company: _____ Phone _____

Type of Phone Jacks: _____

Locations of Phone Jacks: _____

Cable TV Company: _____ Phone _____

Location of Cable Outlets: _____

Trash Company: _____ Phone _____

Pick Up Day: _____

Fuel Oil Company: _____ Phone _____

Size of Tank: _____

Septic Tank Company: _____ Phone _____

Attach copy of septic tank, septic field and distribution box locations.

Date last pumped: _____

Well and Pump Service: _____ Phone _____

HEATING AND AIR CONDITIONING:

Type of Heating: Hot Air Hot Water

Fuel: Gas Oil Electric

Furnace: Make _____ Model No. _____ Gas Oil Electric

Service Contract Co. _____ Expires _____ Phone _____

Heat Pump: Make _____ Model No. _____

Service Contract Co. _____ Expires _____ Phone _____

Central Air: Make _____ Model No. _____ Gas Electric

Air Conditioners: No. of Units _____ Make(s) _____ Model No. _____

Hot Water Heater: Make _____ Model No. _____ Serial No. _____

Age _____ Capacity _____ Gas Oil Electric

Electronic Air Filter: Make _____ Model No. _____ Serial No. _____

Humidifier: Make _____ Model No. _____ Serial No. _____

Smoke Detector Locations: _____

APPLIANCES: Provide all instructions/care booklets available.

Refrigerator:

Make _____ Model No. _____ Serial No. _____

Age _____ Color _____

Service Contract Co. _____ Expires _____ Phone _____

Stove:

Make _____ Model No. _____ Serial No. _____
Age _____ Color _____ Gas Electric
Service Contract Co. _____ Expires _____ Phone _____

Disposal:

Make _____ Model No. _____ Serial No. _____
Service Contract Co. _____ Expires _____ Phone _____

Dishwasher:

Make _____ Model No. _____ Serial No. _____
Age _____ Color _____ Portable Built-in
Service Contract Co. _____ Expires _____ Phone _____

Exhaust Fan:

Make _____ Model No. _____ Serial No. _____

Hood:

Age _____ Self-Vented _____ Externally Vented _____

Washer:

Make _____ Model No. _____ Serial No. _____
Age _____ Color _____
Service Contract Co. _____ Expires _____ Phone _____

Dryer:

Make _____ Model No. _____ Serial No. _____
Age _____ Color _____
Service Contract Co. _____ Expires _____ Phone _____

Microwave:

Make _____ Model No. _____ Serial No. _____
Age _____ Color _____
Service Contract Co. _____ Expires _____ Phone _____

Should any of the above appliances need to be replaced, what color or make would be acceptable?

OTHER APPLIANCES OR EQUIPMENT: Please furnish pertinent information below.

OTHER SERVICE CONTRACT OR WARRANTIES (attach copies if available):

Termite _____ Company _____ Expires _____

Phone _____

Lawn _____ Company _____ Expires _____

Phone _____

Item _____ Company _____ Expires _____

Phone _____

Agent will call Landlord’s contractors whenever possible, but in no event shall Agent be held liable should Agent fail to do so.

OTHER INFORMATION

- Sketch of septic tank, septic field and distribution box attached.
- Mortgage payment documents received.
- Condominium/Cooperative/Homeowners Association payment documents received.
- Condominium/Cooperative/Homeowners Association Bylaws/Rules and Regulations received.
- Insurance Policies received.
- Appliance instruction/care booklets received.
- Service Contracts/Warranties received.

LANDLORD:

AGENT:

_____/_____
Date Signature

_____/_____
Date Signature

_____/_____
Date Signature

_____/_____
Date Signature

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