

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

Property Information:

Rental Property Address: _____
Broker: _____ Phone: _____
Agent: _____ Phone: _____

Registration Information:

Landlord(s): _____
Social Security No.: _____ Social Security No.: _____
Tax ID No.: _____
State of Legal Residence: _____
Forwarding Address: _____
Home Phone: _____ Work Phone: _____ Fax: _____
E-Mail: _____ Cell Phone: _____
Local Contact for Emergency: _____ Phone: _____
When do you expect to return and live in this property? _____

Premises are in: **Condominium** **Cooperative** **Homeowners Association:**

Project Subdivision: _____ Unit No.: _____
Building No.: _____ County City of: _____
Number of Assigned Parking Spaces: _____ Parking Space No.(s): _____
Storage Bin No.: _____ Mail Box No.: _____ No. of Keys Provided: _____
Smoke Detector locations: _____

HOME WARRANTY INFORMATION:

Policy: Yes No
If Yes: Policy Provider: _____
Policy Number: _____
Contact Information: _____

TERMITE WARRANTY INFORMATION:

Policy: Yes No
If Yes: Policy Provider: _____
Policy Number: _____
Contact Information: _____

LEASING INFORMATION:

Term Available: Maximum: _____ Minimum: _____
Monthly Rent Desired: Maximum: _____ Minimum: _____
Will you accept a: Dog Cat Other: _____ Max. No. of Pets: _____
Max. Weight of Pet: _____ Smoking allowed? Yes No

DISBURSEMENT OF FUNDS (check if applicable):

Mail a check to _____
 Accumulate in my Account: _____
 Deposit rent balances in Bank: (Attach voided check)
Bank: _____ Phone: _____
Address: _____
Name on Account: _____
ABA Routing No.: _____ Account No.: _____
 Special Instructions: _____

MEMBERSHIP AND DUES:

If Agent is to pay, Landlord must supply: payment books/cards/envelopes (if applicable).
Landlord must notify all applicable associations in writing of management agreement.

Swimming Pool: _____ Phone: _____

Address: _____

Tenant to pay: Yes No Membership #: _____

Fees include: _____

Homeowners' Association: _____ Phone: _____

Address: _____

Agent to pay: Yes No Payment Schedule: _____

Fees include: _____

Condominium/ Coop Association: _____ Phone: _____

Address: _____

Agent to Pay: Yes No Payment Schedule: _____

Fees Include: _____

Manager: _____ Phone: _____

Maintenance/Office/Repair Contact: _____ Phone: _____

Move In/Out Restrictions/ Fees: _____ Elevator Fee: _____

Building Access or Other Fee: _____

Please provide a current copy of your association Bylaws/Rules and Regulations.

INSURANCE COVERAGE:

If not attached, a copy of the Insurance policy must be forwarded to Agent for retention in file.

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

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

UTILITIES:

Solar Panel: Yes No

Electric Co.: _____

Location of Meter: _____

Gas Co.: _____

Location of Meter: _____

Water and Sewer Co.: _____

Location of main cut off valves: _____

Telephone Co.: _____

Internet/Cable Co.: _____

Trash Co.: _____

Recycle Day: _____ Trash Day: _____

Fuel Oil Co.: _____

Size of Tank: _____ Phone: _____

Location of fuel tank: _____

Septic Tank Co.: _____ Phone: _____

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

Date last pumped: _____

Well and Pump Service: _____ Phone: _____

HEATING AND AIR CONDITIONING:

No. of Zones: _____

Type of Heat: Forced Air Hot Water Geothermal 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

Service Contract Co.: _____ Expires: _____ Phone: _____

 Window/Wall Units: No. of Units: ___ Make(s) _____ Model No.: _____ Hot Water Heater: Make: _____ Age: _____ Capacity: _____ Gas Oil Electric Electronic Air Filter: Make: _____ Location: _____ Other Filters: Make: _____ Location: _____ Humidifier: Make: _____ Model No.: _____ Fire Place/Woodstove: Working: Yes No Date of Last Service/Cleaning: _____**APPLIANCES:** Provide all instructions/care booklets available.**Garage Door Opener:** Yes No No.: _____ (Remote Controls)**Refrigerator:** Make: _____ Model No.: _____

Age: _____ Color: _____

Service Contract Co.: _____ Expires: _____ Phone: _____

Stove: Make: _____ Model No.: _____ Gas Electric Age: _____ Color: _____

Service Contract Co.: _____ Expires: _____ Phone: _____

Disposal: Make: _____ Age: _____ Size: _____**Dishwasher:** Make: _____ Model No.: _____ Portable Built-in

Age: _____ Color: _____

Service Contract Co.: _____ Expires: _____ Phone: _____

Exhaust Fan/Hood: Age: _____ Externally Vented Yes No**Washer:** Make: _____ Model No.: _____

Age: _____ Color: _____

Service Contract Co.: _____ Expires: _____ Phone: _____

Dryer: Make: _____ Model No.: _____

Age: _____ Color: _____

Service Contract Co.: _____ Expires: _____ Phone: _____

Microwave: Make: _____ Model No.: _____Age: _____ Color: _____ Counter Built-in

Service Contract Co.: _____ Expires: _____ Phone: _____

Should any of the above appliances need to be replaced, what color or make would be acceptable?
_____**ADDITIONAL INFORMATION:** Please furnish pertinent information below.

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VAR FORM 900 Revised 07/20

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