

# Property Details

Instructions: To assist us in the full-service provision of our management services, we need details from you regarding each property and its tenants (if applicable). Please complete the questions below forward a copy of relevant information to our office. If applicable, you should be prepared to contact the utility services provider(s) to have a copy of the bills forwarded to our office.

Property Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Number of available Units \_\_\_\_\_ Total Square footage \_\_\_\_\_  
 Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_  
 Do you accept pets? Yes No Would you like for us to provide landscaping? Yes No

## \*What Utilities are paid by the landlord/owner?

Water: Is this bill current? Yes No Unknown  
 Sewer: Is this bill current? Yes No Unknown  
 Electric: Is this bill current? Yes No Unknown  
 Gas: Is this bill current? Yes No Unknown

*\*Please contact utility services to have a copy of the bills forwarded to our office. You should also forward a copy of the most recent bill to our office*

## \*What Utilities are paid by the tenant?

Water: Is this bill current? Yes No Unknown Refrigerator Included? Yes No  
 Sewer: Is this bill current? Yes No Unknown Stove Included? Yes No  
 Electric: Is this bill current? Yes No Unknown  
 Gas: Is this bill current? Yes No Unknown

*\*Please contact utility services to have a copy of the water bills forwarded to our office.*

How much is the rent? \$ \_\_\_\_\_ How much is the security deposit? \$ \_\_\_\_\_  
 Does this unit allow for washer & dryer/hookups? Yes No  
 Does this property have tenant parking? Yes No  
 Handicap Accessible? Yes No Pets? Yes No

Other Amenities: \_\_\_\_\_

## Tenant Details

Do you currently have tenants in the unit? Yes No Current lease? Annual Month-to-month Written Verbal  
 Current Tenant(s) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Do the tenants pay on time? Yes No Is the tenant current? Yes No (If not, how much do they owe? \_\_\_\_\_)  
 Special notes about the tenant \_\_\_\_\_

*I acknowledge that this information is true and accurate to the best of my ability. I understand that by signing below, this is the information that FASS Real Estate Services will use to find viable tenants for my property.*

Signature \_\_\_\_\_ Date \_\_\_\_\_