

OWNER NAME: _____
PROPERTY NAME: _____



Owner Questionnaire

USE "NA" FOR ANY FIELDS THAT DON'T APPLY

1. What are your goals for the rental property:

2. What is the name, address and phone number of your Home Owner Association AND/OR HOA Management Company?

3. What is the name, address and phone number(s) of your electrical provider?

4. What is the name, address and phone number(s) of your water provider?

5. What is the name, address and phone number(s) of your sewer utility?

6. What is the name, address and phone number(s) of your natural gas provider?

7. What is the name, address and phone number(s) of your garbage/recycling vendor?

8. What day of the week is garbage/recycling pickup for the property?

9. If the property has dumpsters, where are they located?

10. What is the name, address and phone number(s) of your lawn care provider?

11. What is the name, address and phone number(s) of your _____ provider?

12. What is the name, address and phone number(s) of your _____ provider?

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PROPERTY SPECIFICATION LIST

1. HOME/UNIT IS OK TO LEASE PER HOA CC&R: YES NO
2. IS THIS UNIT OCCUPIED: YES NO
 - a. IF OCCUPIED, CURRENT RENT: _____
 - b. IF OCCUPIED, LEASE END DATE: _____
 - c. DATE UNIT CAN BE LEASED: _____
3. MONTHLY OWNER EXPENSES (mortgage, taxes, HOA, insurance, etc.): _____
4. APPROVED LEASES LENGTHS (e.g. 6, 12, & 24 months): _____
5. DESIRED RENT/month: \$ _____
6. REQUIRED DEPOSIT: \$ _____
7. ANY HOA/COMMON AREA FEES NOT INCLUDED IN RENT: _____
8. ARE FOR RENT SIGN AND LOCKBOX ALLOWED: YES NO
9. ARE RENTERS REQUIRED TO HAVE RENTERS INSURANCE: YES NO
10. TOTAL SQ FT: _____
11. NUMBER OF BEDROOMS: _____
12. NUMBER OF BATHROOMS: _____
13. GARAGE SPACES: _____
14. PARKING SPACE #(S): _____
15. PARKING RESTRICTIONS: _____
16. HOW MANY: GARAGE REMOTES: _____ HOUSE KEYS: _____
MAIL KEYS: _____ GATE REMOTES/CODE: _____ AMENITY KEYS: _____
17. ARE PETS ALLOWED: YES NO
 - a. IF YES, ANY RESTRICTIONS (number or breeds): _____
18. IS A PET DEPOSIT REQUIRED: YES NO
 - a. IF YES, IN WHAT AMOUNT: _____
19. IS SMOKING ALLOWED IN UNIT: YES NO
20. MAILBOX #: _____
21. IS A SATELLITE DISH OK TO ERECT: YES NO

CONTINUED....

OWNER NAME: _____
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- 22. HEAT TYPE: GAS ELEC OTHER: _____
- 23. AIR CONDITION TYPE: CENTRAL WALL NONE
- 24. ANY UTILITIES INCLUDED IN RENT: _____
- 25. GARBAGE INCLUDED IN RENT: YES NO
- 26. CABLE INCLUDED IN RENT: YES NO
- 27. INTERNET INCLUDED IN RENT: YES NO
- 28. LAWN CARE INCLUDED IN RENT: YES NO
- 29. IS THERE A GYM: YES NO
- 30. IS THERE A CLUBHOUSE: YES NO
- 31. IS THERE A POOL: YES NO
 - a. IF YES, IS POOL PRIVATE COMMUNITY PUBLIC
 - b. IF PRIVATE, IS POOL CARE INCL IN RENT: YES NO
- 32. DISPOSAL INCLUDED: YES NO
- 33. STOVE INCLUDED: YES NO
- 34. MICROWAVE INCLUDED: YES NO
- 35. REFRIDGERATOR INCLUDED: YES NO
- 36. DISHWASHER INCLUDED: YES NO
- 37. WASHER & DRYER UNITS INCLUDED: YES NO
- 38. WASHER & DRYER HOOKUPS: YES NO

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Checklist

1. ____ Sign a Property Management Agreement with Parks Property Management
2. ____ Complete the New Client: Property Management Services Form
3. ____ Complete the Owners Questionnaire
4. ____ Complete the Property Specification List
5. ____ Provide contact information for any current tenants
6. ____ Provide copy of lease and applications for any current tenants
7. ____ Provide copy of HOA Rules and Regulations (if applicable)
8. ____ Provide keys, fobs and remotes to each unit, gate, mailbox, pool, gym, storage, and garage to Parks Property Management 8119 Isabella Lane, Suite 105, Brentwood TN 37027
9. ____ Contact your insurance agent/company and have Parks Property Management listed on your policy as an *additional insured*. This covers us in any unforeseen circumstances including personal injury to our staff members while on your property. Also, be sure you are covered for having renters.