

Richard Albury Realty
PO Box 349
Young Harris, GA 30582
404-314-1415

Thank you for the opportunity to manage your property. The following is a checklist of items which we will need before we can set up your new property account.

- _____ Review the Management agreement. Sign, make copies for your records, and return to us. Preferred method is to sign online via ZipForm.
- _____ Fill out the information below. This is a fillable form. Fill out, save to computer, and email to your agent.
- _____ We need a copy of your insurance on the property and your insurance agent's name and address. We will need to be listed as "Additional Insured."
- _____ Fill out the Property Disclosure Report, provided by your agent.
- _____ We need **three sets** of all keys pertaining to the rental property.
- _____ Fill out the Tenant Information Sheet for each currently occupied unit.
- _____ Send us all Tenant security deposits being held, according to the Tenant Information Sheet.
- _____ Fill out the W-9 form to provide us with your social security number or EIN. The form must be filled out exactly how you want to be filed with the IRS (1099 end of year).
- _____ Sign the Amendment to Agreement informing current Tenant's that we are assuming the Management of the property. Your agent will provide the Amendment for you to sign.
- _____ Review the lead base paint disclosure information. Sign the form pertaining to this and return to us. (Only homes/units built prior to 1978.)
- _____ Send us a copy of any Association Rules and Regulation.
- _____ Put tags on main interior water shut off valves, including any to exterior faucets.

Owner and Property Information

OWNER INFORMATION

***OWNER:** _____

MAILING ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CELL PHONE: _____

EMAIL: _____ FAX: _____

***OWNER SSN/EIN:** _____

***OWNER:** _____

MAILING ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CELL PHONE: _____

EMAIL: _____ FAX: _____

***OWNER SSN/EIN:** _____

***ONLY ONE SSN/EIN, UNLESS THE HOME "IS NOT" 100% OWNERSHIP.**

**IF FILING JOINTLY, ONLY ONE SSN. IF OWNERSHIP IS NOT 100%, PLEASE
INFORM YOUR AGENT. THE NAME AND ID NUMBER MUST BE EXACT TO WHAT
IS FILED WITH THE IRS.**

EMERGENCY CONTACT: _____

Phone: _____

EMERGENCY CONTACT: _____

Phone: _____

Owner and Property Information

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

CITY/STATE/ZIP: _____

YEAR HOUSE BUILT: _____ HAS HOUSE EVER FLOODED: No _____ / Yes _____

POWER PROVIDER: _____

PHONE: _____ ACCOUNT #: _____

METER #: _____

WATER PROVIDER: _____

PHONE: _____ ACCOUNT #: _____

GAS PROVIDER: _____

PHONE PROVIDER: _____

PHONE: _____ ACCOUNT #: _____

CABLE OR SATELLITE PROVIDER: _____

PHONE: _____ ACCOUNT #: _____

INTERNET/DSL AVAILABLE: _____

PROVIDER: _____ PHONE: _____

MAILBOX AT PROPERTY? No _____ / Yes _____

BLINDS: _____
FLOORING TYPE: _____
(CARPET, VINYL, TILE), _____

PETS ALLOWED: DOG _____ CAT _____ EITHER _____ NONE _____
COMMENTS: LIMIT NUMBER _____ WEIGHT _____ OTHER _____

WERE THERE ANY PETS IN THE PROPERTY DURING YOUR OWNERSHIP?
No _____ / Yes _____ IF YES, WHAT TYPE: _____

WHEN IS PROPERTY AVAILABLE FOR OCCUPANCY: _____

DO YOU HAVE ANY WARRANTY/SERVICE PLANS:
No _____ / Yes _____ IF YES, PLEASE ATTACH.

WHAT RENT RANGE ARE WE AUTHORIZED TO RENT YOUR PROPERTY FOR?

INSURANCE: AGENT NAME/NUMBER/ADDRESS: _____

Any specific clauses to add to the lease?

(We do not allow smoking in any property.) If you need additional space. Please add to the bottom of page 5 and indicate, Clause Con't.

Are you leaving your washer/dryer? No _____ / Yes _____

What personal property items are You leaving? (Include all items in basement, garage, shed, etc., and specify location where property is located. Please attach a list if necessary. If it's a locked area specify)

What initial maintenance/repairs do you want us to do to your property?

(i.e. Painting, Carpet Cleaning, etc.) _____

What initial maintenance / repairs will Owner be doing? _____

Do you need any preventive services? (i.e. Install satellite dish, cable, paint, remove borders, etc.) _____

If property becomes vacant, do you want us to arrange for lawn care/cleaning?

No _____ / Yes _____

Is the property cable ready and is DSL available? _____

Property Square Footage? _____

If you have a Condo or Townhouse is there an Association? No _____ / Yes _____
If yes, please give Association Name, Contact Person, Phone and send us rules.

Special features of your home or surrounding area we should emphasize:

List Schools: Elementary: _____ Middle: _____
High: _____

Additional information pertinent to your property:

PROPERTY CONDITION REPORT

I. STRUCTURAL

A. BASEMENT

Are there any cracks, leaks, dampness or bulges in the floor, foundation, walls?
No _____ / Yes _____ Explain: _____

Basement Finished _____ / Unfinished _____ Plumbed for Bath _____

Have you ever had a problem or treated for rot or mildew? No _____ / Yes _____
Explain: _____

Has the basement/crawl space ever flooded? No _____ / Yes _____

Explain: _____

Any other problems you are aware of? _____

B. ROOF

What is the age of the roof? _____

What is the condition of the roof? _____

Any leaks, gutter backups or any other problems? No _____ / Yes _____

Explain: _____

C. FRAMING

Any remodeling or additions that may have changed the original floor plan?
Explain: _____

If there was remodeling, etc. was it done with the benefit of a building permit?
No _____ / Yes _____ Who did the work? _____

D. ELECTRICAL

1. What AMP is the service in this property? _____

2. Has the service been adequate? No / Yes

3. Are there any problem areas? No _____ / Yes _____ Explain: _____

4. Any additions to the original installation? No _____ / Yes _____

E. PLUMBING

- A. Has the plumbing been adequate? No _____ / Yes _____
- B. Are there any problem areas? No _____ / Yes _____
- C. Any additions to the original installation? No _____ / Yes _____

F. HEATING/COOLING

1. What type of heating is in the home? _____

2. Has the service been adequate? No _____ / Yes _____

3. Are there any problem areas? No _____ / Yes _____

Explain: _____

4. Any additions to the original installation? No _____ / Yes _____

Explain: _____

5. Does the heating system run on propane? No _____ / Yes _____
if yes, are you currently under a delivery contract? No _____ / Yes _____

Special operating instructions for heating/cooling systems? No _____ / Yes _____

Explain: _____

Date heating/cooling system last serviced? _____

Do you want it serviced now? No _____ / Yes _____

G. FIREPLACES

1. Fireplace? No _____ / Yes _____ If yes, is it gas? No _____ / Yes _____

2. Do you have a wood burning stove? No _____ / Yes _____

3. When was the chimney last cleaned? _____

Do you want it cleaned now or wait until next fall? No _____ / Yes _____

III. UTILITIES

A. SEWAGE

I. Municipal? No _____ / Yes _____ Septic? No _____ / Yes _____
Have you ever had a sewer back-up? No _____ / Yes _____ Explain: _____
Last time septic was cleaned? _____

B. WATER

I. City / County / Well / Shared Well
Is water pressure adequate? No _____ / Yes _____

IV. APPLIANCES

Which of the following will be included with the property:

Oven/Range No _____ / Yes _____

Refrigerator No _____ / Yes _____

Dishwasher No _____ / Yes _____

Microwave No _____ / Yes _____

Disposal No _____ / Yes _____

Washing Machine No _____ / Yes _____

Dryer No _____ / Yes _____

Window Unit No _____ / Yes _____

Water Softener No _____ / Yes _____

Security System No _____ / Yes _____

Other _____

Are there any problems with any of the appliances?

Explain: _____

OWNERS SIGNATURE.

DATE

CURRENT TENANT INFORMATION SHEET

Address: _____ Unit#: _____ Phone: _____

Tenant Names.: _____ Adult/Minor Phone: _____

Tenant Names.: _____ Adult/Minor Phone: _____

Tenant Names.: _____ Adult/Minor Phone: _____

Tenant Names.: _____ Adult/Minor Phone: _____

Occupancy start date: _____

End of Lease: _____ Month to Month _____

Do you have a written lease with tenant? No _____ / Yes _____ If yes, attach copy.

Do you have a move-in inspection for this unit? No _____ / Yes _____

If yes, attach copy.

Do you have a rental application for this tenant? No _____ / Yes _____

If Yes, attach copy.

FINANCIAL INFORMATION

Rent Amount: _____ Late Fee (If indicated on lease): _____

Deposit Amount: _____

Current balance of Tenant's account: Current/Still owes \$ _____

If there is a balance owing from tenant, please provide breakdown.

If available, please attach a rent history for this tenant.

Please indicate utilities paid by you, the owner that tenants will not be paying:
