



OWNER/ PROPERTY DATA

Property Address: \_\_\_\_\_

Lender: \_\_\_\_\_

Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Address (if different from above) \_\_\_\_\_

Owner E-mail Address: \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Owner Telephone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Owner Social Security Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Contact person if different from owner: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

Person to notify in the event of an emergency: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ : Fax # ( ) \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

APPLIANCES:

Type: \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Warranty (Y/N) \_\_\_\_\_ Exp. \_\_\_\_\_

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SERVICE CONTRACTS:

Vendor: \_\_\_\_\_ Phone # \_\_\_\_\_ Service \_\_\_\_\_ Exp. \_\_\_\_\_ Contract Price \$ \_\_\_\_\_

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Maintenance Instructions:

When possible, repair rather than replace. Defer maintenance if possible

When in doubt, replace; utilize preventive maintenance program; maintain and preserve value of the property even if it increases negative cash flow.

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

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

-----OFFICE USE ONLY-----

Property #: \_\_\_\_\_ Manager: \_\_\_\_\_

Close out/reporting date: \_\_\_\_\_ Intake Supervisor: \_\_\_\_\_

Other payments: (Y/N) \_\_\_\_\_ Source \_\_\_\_\_

Who \_\_\_\_\_ \$ \_\_\_\_\_ Due \_\_\_\_\_ Type \_\_\_\_\_

Who \_\_\_\_\_ \$ \_\_\_\_\_ Due \_\_\_\_\_ Type \_\_\_\_\_

# Of Bedrooms \_\_\_\_\_ # Of Bathrooms \_\_\_\_\_ Garage \_\_\_\_\_ Apt. /House/Other \_\_\_\_\_