



## PROPERTY MANAGEMENT QUESTIONNAIRE

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**Contact Details:**

Full Name(s) of owner (s): \_\_\_\_\_

Name of LLC or LLP (if applicable): \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Owner(s) Home Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Please tell us how you would like to receive owner's reports:      Mail      Email

Alternative or emergency contact phone numbers:

Name: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**On-Site Manager Contact Information** (if applicable):

Name: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Email address: \_\_\_\_\_

**Pet Policy:**

- Yes I allow pets
- No, I do not allow pets
- I only allow the following pets: \_\_\_\_\_

**Property Information:**

Number of units: \_\_\_\_\_ Number of current vacant units: \_\_\_\_\_

Parking: How many total spaces: \_\_\_\_\_ How many spaces per unit: \_\_\_\_\_

Parking Charges: \_\_\_\_\_



**Renown Realty**  
& Property Management

**Property Amenities:**

Pool Spa Gym Laundry Other: \_\_\_\_\_

Laundry equipment owned or leased \_\_\_\_\_

How many machines \_\_\_\_\_

Name of company if equipment is leased: (please provide statement)

\_\_\_\_\_

**Utilities:**

Who pays for utilities, Tenant/Owner: Electricity \_\_\_\_\_ Water \_\_\_\_\_

Gas \_\_\_\_\_ Trash \_\_\_\_\_ Sewer \_\_\_\_\_

Are any utilities master metered: Electrical Water Gas Other: \_\_\_\_\_

Please provide contact information for Utility Companies: **(please provide statement copies)**

**Electricity:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Acct #: \_\_\_\_\_

**Water:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Acct #: \_\_\_\_\_

**Gas:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Acct #: \_\_\_\_\_

**Trash Collection & Company Information:** (please provide statement copies)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Acct #: \_\_\_\_\_

Trash Collection Day: \_\_\_\_\_

\_\_\_\_\_

**Repairs:**

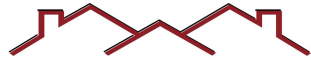
Do you want Renown Realty and Property Management to arrange for all repairs to property?

- Yes, but only to a maximum of \$ 150 before contacting owner for approval.
- No, contact owner for any repairs required (except in an emergency situations).

**Maintenance:**

Do you want Renown Realty and Property Management to perform regular preventive maintenance and inspections of property?

- Yes, but only to a maximum of \$ 150 before contacting owner for approval.
- No, contact owner for any maintenance required (except in an emergency situations).



# Renown Realty & Property Management

Would you like Renown Realty and Property Management to set up regularly scheduled property maintenance such as landscaping service, pool service and pest control?

\_\_\_\_ Yes                      \_\_\_\_ No

If yes, please check services you would like scheduled:

- Landscaping Service
- Pool Service
- Pest Control

## Public Agency & Housing Information:

**Rent Control:** Yes No    **Section 8 Approved:** Yes No

Do you offer any low income housing options? \_\_\_\_\_

## Pending Housing Violations:

Are there any current pending housing violations on your properties?

LAHD Health Dept. HUD Other: \_\_\_\_\_

If yes, please explain:

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## Insurance of Building:

Broker/ Insurer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Policy #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Policy Annual Premium: \$ \_\_\_\_\_

Do you want for Renown Realty and Property Management to arrange your insurance? Yes No

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**Banking Details:** (Net rental income will be distributed to owners by the 15<sup>th</sup> day of each month)

Please indicate how you would like to receive your proceeds:

Automatic deposit to bank account Check Mailed Wire (extra fees may apply).

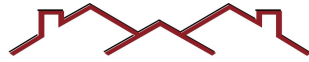
Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account #: \_\_\_\_\_



**Renown Realty**  
& Property Management

**Mortgage Details:** (please provide statement copies)

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

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

Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Monthly Payment: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Loan Term: \_\_\_\_\_  
ARM Adjustment Date: \_\_\_\_\_

**Reserve Funds:**

Please indicate the amount of reserve funds that you are willing to deposit into the Renown Realty and Property Management Trust Account: \$ \_\_\_\_\_

**Security Deposits:**

Collected & held by Broker

Please specify minimum deposit requirement: 1 month rent   1½ months   2 months rent

Pet Deposit (if applicable) \_\_\_\_\_

**Accountant:** Please provide your Accountant's contact information below.

Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

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

**Monthly Property Reports:**

Please tell us if you would like us to send you monthly statement to your accountant or anyone else:

Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Please state your relationship: \_\_\_\_\_



**What would you change about your current Property Management Services?**

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Any Other Comments:

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Property Owner's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_