



PARKER
properties

OWNER/PROPERTY INFORMATION FORM

Property Address: _____

Property Owner: _____ Best Contact Phone #: _____

Property Type (House; Condo; Duplex): _____ Bedrooms: _____ Baths: _____

Square Footage: _____ Age: _____ Location (Blossom Valley, Crest, etc.): _____

Anticipated Monthly Rent Amount: \$ _____ Lease Term You Prefer (6 months, 1 year): _____

Will You Allow Pets if Tenant Pays an Additional Deposit (Y/N): _____ Additional Deposit Amount \$300.00 each

Pet Restrictions (i.e. weight limit, no more than 2): _____

Property Currently Occupied By (Owner or Tenants)? _____ Date Occupants are vacating: _____

Can We Enter if Occupant is Not Home (Y/N): _____ Showing Instructions: _____

If Rental Tenant Occupied, Tenant Name: _____ Phone #: _____

If Rental Tenant Occupied, Rent \$: _____ Deposit \$: _____ Held by Owner (Y/N): _____

Current Management Company: _____ Phone #: _____

If you currently have management with another company, please contact them to give proper notice of cancellation.

Stories: _____ Elevator: _____ Bedrooms Up: _____ Bedrooms Down: _____ Family Room: _____

Refrigerator: _____ Dishwasher: _____ Microwave: _____ Stove (gas or electric): _____

Washer/Dryer: _____ W/D Hookups: _____ Gas or Electric.: _____ Fireplace (gas or electric): _____

Heat Type: _____ A/C Type: _____ Carpet/Flooring: _____ Window Treatments: _____

Cable Ready: _____ Gardner: _____ Sprinklers: _____ Yard: _____ View: _____

Pool (Common or Owner's): _____ Spa (Common or Owner's): _____ Pool/Spa Service: _____

Fitness: _____ Garage(s): _____ Auto or Manual: _____ Covered Parking: _____ Guest Parking: _____

Additional Facilities: _____ Restrictions: _____

Please supply Parker Properties with copies of any appliance/equipment, etc. warranties.

Location of Water & Gas main turn offs: _____



New Mailing Address *: _____

New Home Phone #: _____ Cell Phone #: _____

***Mailing Address is where Owner's monthly disbursement check will be sent unless otherwise noted on last page of this sheet. IMPORTANT NOTE: Rents are due on the 1st of the month with a 3-day grace period. Payment (if any) to Owner, is made by the 20th of the month. If tenant's check is dishonored you will have to reimburse our account.**

Email: _____ Fax #: _____

Emergency Contact: _____ Emergency Contact Phone #: _____

Can the Emergency Contact make decisions for you? (Check One) Yes _____ No _____

Insurance Company: _____ Policy #: _____

Insurance Agent: _____ Phone #: _____

Please provide copy of Insurance Certificates with Parker Properties listed as an additional insured.

Home Warranty Company: _____ Policy #: _____

Home Warranty Company Phone #: _____

HOA Management Company: _____ Phone #: _____

Please provide Parker Properties with a copy of the Rules & Regulations for your HOA. This will be an addendum to the tenant lease.

Mail Box #: _____ Parking Space #: _____ Will tenant need parking sticker? _____

Please note how many of the following items you will be turning over to Parker Properties upon your move out:

House Key: _____ Garage Key/Remote: _____ Mail Box Key: _____ Pool/Common Area Key: _____ Other: _____

Water/Sewer Company (Expense paid by Tenant): _____ Phone #: _____

Trash Company (Expense paid by Tenant): _____ Phone #: _____

Cable Company (Expense paid by Tenant): _____ Phone #: _____

Alarm Company (Expense paid by Tenant): _____ Phone #: _____

Alarm Keypad Code: _____ Password: _____

Please provide Parker Properties with a copy of the Alarm Instructions. This will be given to the new tenants.

Tenant will be responsible for getting all utilities transferred in their name upon move in.

Paint Brand: _____ Color Code: _____



Would you like us to make any of the below payments on your behalf? We typically do not pay mortgages, insurance premiums or property taxes unless arrangements are made to insure funds are available (Check all that apply)

<u>Company</u>	<u>Acct #</u>	<u>Amount</u>
HOA/Phone _____	_____	\$ _____
Gardner/Phone _____	_____	\$ _____
Pool Service/Phone _____	_____	\$ _____
SDG&E (Paid by Owner during any vacancy of Property) _____	_____	\$ _____
Other _____	_____	\$ _____

City Treasurer (This bill is a REQUIREMENT of rental properties in the City of San Diego) **

** As per City of San Diego requirements, if your rental Property is located in the City of San Diego, you are required to pay an annual tax of approx \$70-90 per unit. For more information on this tax, you can visit their website at <https://www.sandiego.gov/treasurer/payments/rtax>

IMPORTANT

For all out of state rental property owners, you must pay your quarterly Franchise Tax Board taxes on the rental income you receive, unless you apply for and are approved for a waiver. Please complete the FTB Form 588 as soon as possible.

For all of the above services (whether Parker Properties will be making payment on Owner's behalf or not) please supply Agent with copy of the most recent billing statement.

If you would like for Parker Properties to utilize "our" vendors for your pool, gardener or any other scheduled maintenance needs, please advise us and we will get estimates to submit to you for final approval.

Owner's Disbursement Check: Will be directly deposited to Owner's bank account by supplying Parker Properties with a voided check. Security Deposits are held by Property Manager unless other arrangements are made with Owner.

This Owner/Property Information Sheet is an attachment to the Property Management Agreement.

Owner's Signature & Date: _____