

**Property Questionnaire**

**Owner Information:**

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| Name: |  |
| Address: |  |
| Phone Number: |  |
| Email: |  |
| Driver License: | Copy Required |
| Social Security Number: |  |
| Proof of Home Ownership: | Copy Required |
| Insurance: | Copy Required  Hawk Management must be listed as additionally insured. |
| Emergency Contact: | Please provide as much information as possible as well as what they are authorized to do on your behalf: |

**Property Information:**

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| Address: |  |
| Year Built: |  |
| Year Renovated: |  |
| Style: | Apartment, Condo, Single Family, Town Home |
| Square Footage: | Building:  Property: |
| Floor: |  |
| Ideal Rent: |  |
| Lowest Rent: |  |
| Lease Term: | MTM, 6 Months, 12 Months, Other: |
| Date Available: |  |
| Approved Deposit: |  |
| Conditional Deposit: |  |
| Number of Bedrooms: |  |
| Number of Bathrooms: |  |
| Room Sizes: |  |
| Closets: |  |
| Furnished: | Yes, No If so, please include itemized list of all items. Please note that we cannot be responsible for these items, so do not leave anything that is of extreme value to you. |
| Parking: | Carport, Garage (attached/detached), Street, Tandem |
| Parking Spaces: |  |
| Space Number(s): |  |
| Guest Parking: |  |
| Appliances: | Air Conditioning: Central, Split, Swamp, Wall,  Brand:  Model:  Dishwasher:  Brand:  Color:  Size:  Dryer  Brand:  Color:  Size:  Fridge:  Brand:  Color:  Size:  Microwave:  Brand:  Color:  Size:  Stove:  Brand:  Color:  Size:  Washer:  Brand:  Color:  Size: |
| Home warranty or other warranties: | Do you have a home warranty? Yes, No  Company:  Policy Number:  Phone Number:  Other Warranties? Yes, No  Explain: |
| Windows: | Wood/Aluminum Size: |
| Water Pipes: | Copper/ Galvanized |
| Roof: | Type of Roof:  Age: |
| Kitchen countertops: |  |
| Utilities Included: | Cable, Electric, Gardening, Gas, Internet, Pool Service, Sewer, Trash, Water, Other: |
| Cable company: |  |
| Electric company: |  |
| Gas company: |  |
| Trash company: |  |
| Water company: |  |
| Additional Fees: | Association fees?  Other: |
| Pool: | Yes, No Heated? Yes, No |
| Pets: | Cats, Dogs, Other, No Pets |
| Pet Deposit: | $500.00 per pet; up to two pets |
| Pet Fee: | $50.00 per pet; up to two pets |
| Smoking: | Not Permitted, Permitted |
| Rent Control: | Required to accept by law |
| Lead Paint: | Yes, No, Unknown |
| Asbestos: | Yes, No, Unknown |
| Cable Ready: | Yes, No, Dish Policy: |
| Flooring: |  |
| Paint: | Color:  Paint Code:  Water or Oil Based Enamel:  Okay to Paint? Yes, No, Other:  Okay to Hang Pictures? Yes, No, Other:  Okay to Mount TV On Wall? Yes, No, Other: |
| Carpet: | Brand:  Color:  Code:  SQFT/YDS: |
| Vinyl Flooring: | Style:  Color:  Code:  SQFT/YDS: |
| Wheelchair Accessible: | Yes, No Explain: |
| Yard: | Yes, No |
| Balcony: | Yes, No |
| Fireplace: | Yes, No Gas, Wood Burning |
| Mold Present: | Yes, No If yes, explain: |
| Is Unit Safe: | Yes, No If no, explain: |

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| Have you had any communication with city code enforcement in the last 6 months? | Yes, No If Yes, please explain below. Please note that if you answer Yes, we cannot evict the tenant for 6 months following this unless for non-payment of rent, or other very specific circumstances. |
| Have you had any communication or citations from fair housing in the last 6 months? | Yes, No If Yes, please explain below. Please note that if you answer Yes, we cannot evict the tenant for 6 months following this unless for non-payment of rent, or other very specific circumstances. |
| Had your tenant reported bedbugs in the unit in the last 6 months? | Yes, No If Yes, please explain below. Please note that if you answer Yes, we cannot evict the tenant for 6 months following this unless for non-payment of rent, or other very specific circumstances. |
| Electric panel location: |  |
| Gas Shut Off Location: |  |
| Water Shut Off Location: |  |
| Trash Location: |  |
| All Work Permitted: | Yes, No If No, explain: |
| Anything else we need to know? |  |

**Complex Information:**

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| Number Of Units: |  |
| Unit Breakdown: | Studios:  One Bedrooms:  Two Bedrooms:  Three Bedrooms:  Other: |
| Community Amenities: | Club House, Community Pool, Jacuzzi, Gym, Sauna, Tennis Court, Basketball Court Other: |
| Elevator: | Yes, No |
| Gated Community: | Yes, No |
| Security: | Yes, No |
| On-Site Maintenance: | Yes, No  If Yes, Name and Phone Number: |
| Guest Parking: | Yes, No Where and what is the policy? |
| Laundry: | In Building, In Unit, Laundry Hookups (stackable, side-by-side), On Property |
| Anything else we need to know? |  |

**Area Information:**

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| School District: |  |
| Nearby Schools: |  |
| Nearby Attractions: |  |
| Nearby Freeways: |  |
| Public Transportation: |  |
| Other: |  |

**Miscellaneous**

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| Key arrangement: |  |
| Intercom codes: |  |
| Rent Roll: | Please attach a copy. |
| Application(s): | Please attach a copy. |
| Lease(s): | Please attach a copy. |
| HOA Rules: | Please attach a copy. |
| HOA Contact Info: |  |
| Personal Property: | Do you have any personal property left on premises? Yes, No If so, please attach a list of such items. Please note that we recommend not leaving any personal items behind, and if you do, please note that we cannot be held responsible for them. |
| Sentimental Value: | Are there any items in the house, real property or personal property that you are attached to and which you do not want replaced or removed? Yes, No If so, What?      . Also, if and when we do need to work on those items, please remind us. In any event. we cannot be held responsible for them. |
| Unit Registration | Some cities and counties require a rental property to be registered. Please provide proof of registration or let us know if you need us to help you register the property. |

**Signature**

***I,***       ***hereby certify that the above information given are true and correct as to the best of my knowledge and that I am the owner/authorized representative of the above listed property. I further represent and warrant that I have no prior verbal or written agreements for selling, renting, or managing the property which may come in conflict with this agreement. I understand that providing false information intentionally is punishable by law.***

***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date:***