

**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 RequiredHawk 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:**

|  |  |
| --- | --- |
| 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:      [ ] DryerBrand:      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, [ ] NoCompany:      Policy Number:      Phone Number:      Other Warranties? [ ] Yes, [ ] NoExplain:       |
| 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:**

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

**Miscellaneous**

|  |  |
| --- | --- |
| 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. |

**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:***