



Property Questionnaire

Owner Information:

Name:	
Address:	
Phone Number:	
Email:	
Driver License:	Required Copy
Social Security Number:	
Proof of Home Ownership:	Required Copy
Insurance:	Proof of insurance required, and Hawk Management must be 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:	
Renters Insurance	Required, Recommended
Bedrooms:	1, 2, 3, 4, 5, 6
Bathrooms:	1, 2, 3, 4, 5, 6
Room Sizes:	
Walk in closets:	
Furnished:	Yes, No
Parking:	Carport, Garage (attached/detached), Street, Tandem
Parking Spaces:	1, 2, 3, 4, 5, 6
Space Number(s):	
Appliances:	Air Conditioning Type: 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: _____
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:	
Pet Fee:	
Section 8:	Yes, No
Smoking:	Not Permitted, Permitted
Rent Control:	Yes, No
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
Yard:	Yes, No

Balcony:	Yes, No
Fireplace:	Yes, No Gas, Wood Burning
Mold Present:	Yes, No
Is Unit Safe:	Yes, No
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
Other:	

Complex Information:

Number Of Units:	
Unit Breakdown:	Studios: One Bdrms: Two Bdrms: Three Bdrms: Other:
Community Amenities:	Club House, Community Pool, Jacuzzi, Gym, Sauna, Tennis, Basketball
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
Laundry:	In Building, In Unit, Laundry Hookups (stackable, side-by-side), On Property
Other:	

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? 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? If so, please let us know. 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: _____