

Check List for new management

PLEASE INCLUDE A COPY OF YOUR DRIVERS LICENSE

Property address \_\_\_\_\_  
# of Bedrooms \_\_\_\_\_ # Of Bath \_\_\_\_\_ Garage \_\_\_\_\_  
Pets Allowed YES/NO (circle one) Home warranty? YES/NO \_\_\_\_\_  
Owner name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**PG County:**

DO YOU HAVE A RENTAL LICENSE WITH PG COUNTY: Yes/No

**(For monthly deposits) You can also attach a voided check**

Bank Name: \_\_\_\_\_ Account holder: \_\_\_\_\_  
Routing # \_\_\_\_\_ Account # \_\_\_\_\_

(If required)

Current Tenants \_\_\_\_\_ Ph: \_\_\_\_\_  
Monthly rent \$ \_\_\_\_\_ Amount of Sec deposit held \$ \_\_\_\_\_  
Is the tenant current? \_\_\_\_\_ If no, amount past due \$ \_\_\_\_\_  
Name of HOA \_\_\_\_\_ ph: \_\_\_\_\_  
Does HOA include trash? \_\_\_\_\_ Pick up days \_\_\_\_\_  
Require parking permits? \_\_\_\_\_ Pool Passes \_\_\_\_\_

Well/Septic \_\_\_ or Water company \_\_\_\_\_ Ph: \_\_\_\_\_  
If required, gas/oil company \_\_\_\_\_ Ph: \_\_\_\_\_

Would you like to have the house cleaned and sanitized? \_\_\_\_\_

Notes:

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