



RENTAL INTAKE ASSESSMENT FORM

Date: _____

Owner/s Names: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Phone #'s: H: _____ Office: _____ Cell/s: _____ / _____

Email Address: _____

Previously on MLS? _____ Approx List Date: _____

Is this an investment property? _____ If so, how long have you owned? _____

Do you currently occupy this property? _____ If no, please list your current mailing address: _____

Current mortgage payment per month:? _____ (include principle, interest, property tax, and homeowner's insurance)

Are you current on your monthly mortgage payments? _____

Are you in foreclosure or short sale negotiation proceedings? _____

Property Type:

Apartment /Condo/Townhouse/Duplex/Single Family Home: List here: _____

Floor Plan Style: (Rambler/ Two Story/ Mod. Two Story/ Split Entry/ Three Level/ Four Level, Other)

Describe here: _____

Date available for occupancy: _____

Desired Rent: \$ _____ /month

Association Dues: _____ (yes/no) If yes, list amount\$ _____ and frequency: _____

Bedroom Total: _____

Bathroom Total: _____ Master Bath?: yes/no _____

Year built: _____

Basement? _____ yes/no – if yes, please describe: _____

Total Sq Ft Finished : _____

Above ground finished square feet? _____

Below ground finished square feet finished? _____

Garage Stall Number/s?: _____ Outbuildings or Detached Garages? _____ yes/no

If yes, describe: _____

List appliances included in rental: _____
Washer and dryer included? _____

Pets Allowed: _____ yes/no - If yes, please explain specifications:

Smokers allowed? _____ yes/no – if yes, list areas smoking is allowed: _____

Lot Size: _____ Irrigation System: _____ yes/no

Handicap Accessible? yes/no – if yes, list details: _____

Are you interested in learning more about our property management/maintenance services? _____

Would you like someone to contact you to set up a rental analysis? _____

Additional Comments/Questions: please describe in detail: