

## RENTAL MANAGEMENT INFORMATION SHEET

Please complete this form fully and accurately in order for your account to be properly administered:

Property Address: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Owner(s) Phone Nos. (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Owner(s) E-mail Address: \_\_\_\_\_

Owner(s) SSN's: \_\_\_\_\_ // \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Current Tenant(s) Name(s), if any: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**Homeowner's Insurance Policy must be converted to rental policy. Contact your insurance agent for instructions on change, and attach a copy or have a copy sent to Agent.**

Fire and Liability Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Insurance Agent's Name and Phone No: \_\_\_\_\_

**Bank information for depositing balance of rent proceeds:**

Name of Bank: \_\_\_\_\_ Account No: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Deposit in Checking or Savings? \_\_\_\_\_

**Other instructions if balance of rent proceeds is not deposited into a local bank account:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provide the following information, payment books, coupons, mailing labels, etc., for all payments you require Agent to make from the balance of rent proceeds:**

First Trust Mortgage Company Name: \_\_\_\_\_

Address for Mailing Payment: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

Address for Sending Tax Bill: \_\_\_\_\_

Account No: \_\_\_\_\_ Agent to Begin Paying on (Date) \_\_\_\_\_

Second Trust Mortgage Company Name: \_\_\_\_\_

Address for Mailing Payment: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

Account No: \_\_\_\_\_ Agent to Begin Paying on (Date) \_\_\_\_\_

Homeowner's Association Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Association's Management Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Association/Management Agent: \_\_\_\_\_

Amount of Annual Dues: \$ \_\_\_\_\_, payable  Annually or  Other—Specify: \_\_\_\_\_

**Provide Agent with a copy of HOA Covenants, Restrictions, Articles of Incorporation and By-Laws.**

**Additional payments to be made by Agent: (or other notes related to this transaction)**

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Source of Heat:  Electric  Gas  Oil  Heat Pump  Forced Air  Hot Water

Location of main water cut-off valve: \_\_\_\_\_

Location of circuit breaker box: \_\_\_\_\_

Location of utility meters:

Gas: \_\_\_\_\_

Electric: \_\_\_\_\_

Water: \_\_\_\_\_

Electric Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Gas Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Water Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Trash Service: \_\_\_\_\_ Phone: \_\_\_\_\_

**Is Trash Service included in HOA dues? Yes \_\_\_\_\_ No \_\_\_\_\_**

Septic Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**Provide sketch with location of septic tank, drain field and distribution box.**

Well Pump Service Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**Provide sketch with location of well, its depth, type of boring and pump HP.**

**Appliances:** List the make, model number, serial number and preferred service company for each; list pertinent information for any service contracts; **attach copies of service contracts.**

Appliance	Make	Model Number	Serial Number	Service Provider	Service Cont. (Y/N)
Refrigerator					
Stove					
Microwave					
Disposal					
Dishwasher					
Exhaust Fan					
Trash Compactor					
CAC/Heat Pump					
Furnace/Air Handler					
Humidifier					
Attic Fan					
Water Heater					
Sump Pump					
Washing Machine					
Dryer					
Automatic Garage Door Opener					

Appliance	Make	Model Number	Serial Number	Service Provider	Service Cont. (Y/N)
Burglar Alarm					
<b>Alarm Code:</b>					
<b>Further Alarm Instructions</b>					
CO Alarms/Detector*					
Smoke Alarms/Detectors**					

\*Md. Code Ann., Pub. Safety § 12-1101 to 1106 – Carbon Monoxide Alarms

\*\*Md. Code Ann., Pub. Safety § 9-101-109 – Fire Alarms

<http://mgaleg.maryland.gov/webmga/frmStatutes.aspx?pid=statpage&tab=subject5> (Statute Look Up)

**If any of the above items are to be “AS IS” on the lease, please so indicate. “AS IS” items will remain with the property but will not be included on the lease. They will be available for tenants’ convenience only.**

**Leave all appliance books (or copies thereof) in a kitchen drawer; provide a written inventory of appliance books to Agent.**

**Provide four (4) sets of house keys, including keys for mailbox, storage areas, dead bolts, sheds, fences, etc.**

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Date: \_\_\_\_\_



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