



Wheeler &  
Associates

# Owner & Property Information Form



**GENERAL INFORMATION**

Rental Property Address(s)

**HOME OWNER ASSOCIATION INFORMATION (HOA)**

HOA name

HOA address

HOA phone number

HOA Contact person

**INSURANCE** (please attach a copy of your insurance )

Property Insurance company

Insurance policy number

Insurance agent name

Insurance agent's telephone

**PROPERTY DETAILS**

Year Property was Built			
Square Feet			
Is there a security System (Yes) (No)			
Name of security company			
Code to turn off system			
Security alarm instructions			
Is there a home warranty (Yes) (No) please attach copy of warranty			
Warranty company			
Warranty company telephone			
Warranty contact name			
Is there a basement?	(Yes) (No)	If yes, is it finished?	(Yes) (No)
Has basement ever flooded?	(Yes) (No)	Please explain	
Has basement ever had mold?	(Yes) (No)	Please explain	
List other basement problems			
Is there a sump pump?	(Yes) (No)	Is there an attic fan or smart vent?	(Yes) (No)
What type of parking	<input type="checkbox"/> garage <input type="checkbox"/> carport <input type="checkbox"/> street parking <input type="checkbox"/> other		
	# of parking spaces	Parking unit #	
Is there a storage unit?	(Yes) (No)	Location	
Is there a garage door opener	(Yes) (No)	# of openers	
Location of mail box			
Mailbox information	<input type="checkbox"/> Keyed <input type="checkbox"/> Combination <input type="checkbox"/> Other		
Location of breaker box			
Location of main water shutoff			
Location of sprinkler shutoff			
Is there attic access?	(Yes) (No)	Is their crawl space access?	(Yes) (No)
Location of water heater		Water heater age	
Type of heating unit		Age of heater	
Furnace Filter Size			
Last heating unit service			
Air-conditioning (Yes) (No)	Type	<input type="checkbox"/> wall <input type="checkbox"/> central	A/C age
Last A/C service			
Evaporative cooling unit	(Yes) (No)		
Last cooling unit service			
Is there a water softener	(Yes) (No)		
Type of TV connection	Cable	(Yes) (No)	Satellite Dish (Yes) (No)
Are additional TV connections at tenant's expense?	(Yes) (No)	Instructions	

What is the type of roofing	<input type="checkbox"/> comp <input type="checkbox"/> shingle <input type="checkbox"/> other _____		
What is the age of the roof?	___ years		
Are there any roof problems?	(Yes) (No)		
If roof problems, please explain			
What is the gutter condition?			
What is the water source?	<input type="checkbox"/> city <input type="checkbox"/> septic		
If any water problems, explain			
Who is the water company?		Phone number	
Who pays the water service?	<input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> HOA		
Who is the Electricity Company?		Phone Number	
Who pays the Electricity?	<input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> HOA		
Who is the Gas Company?		Phone Number	
Who Pays the Gas?	<input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> HOA		
Who is the Garbage Company?		Phone Number	
Who pays the garbage service?	<input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> HOA	Trash pick up day	
Have there been any mold issues in the property	(Yes) (No) If yes, please list below		
Are there working smoke alarms	(Yes) (No)	If so, how many and what locations	
Are there CO detectors	(Yes) (No)	If so, how many and what locations	
Is there an irrigation system?	(Yes) (No)	What type:	
Age of irrigation system			
Irrigation system instructions			
Is there a monthly gardening service?	(Yes) (No) <input type="checkbox"/> provided by owner <input type="checkbox"/> provided by HOA		
Will you supply gardening service?	(Yes) (No)		
List special gardening services you will supply			
Is there a swimming pool?	(Yes) (No)		
Swimming pool service company		Pool service telephone	
Do you have a hot tub?	(Yes) (No) Is there a hot tub service (Yes) (No) If so, list information below		
Are there any plumbing issues?	(Yes) (No) If yes, please list below		

Are there any electrical issues?	(Yes) (No) If yes, please list below		
Are there ceiling fans?	(Yes) (No) If yes, how many _____		
Is there a fireplace or wood burning stove in the rental home?	(Yes) (No) If yes, is it a gas fireplace? (Yes) (No)		
Detail the last chimney service			
Do we have your permission to have the chimney(s) cleaned annually at your expense?	(Yes) (No)		
When was the gas fireplace service			
Is there a humidifier?	(Yes) (No)	When was the last humidifier service	
Are there heated floors	(Yes) (No)		
Do you have a pest control service?	(Yes) (No)		
Pest control service name		Pest control telephone	

Additional Information	
Have you ever experienced drug problems in the property?	(Yes) (No) If no, explain
Have you ever had a meth lab?	(Yes) (No) If no, explain
Have you ever had lead-based paintwork?	(Yes) (No) If no, explain
Have you ever had asbestos work done?	(Yes) (No) If no, explain
Are windows and door operating properly	(Yes) (No) If no, explain
Do doors have deadbolts?	(Yes) (No)
Are there any cracked windows or glass doors?	(Yes) (No) If no, explain
Is the property clean?	(Yes) (No) If yes, please list below
List any personal property left in the unit, such as lawn mowers, garden tools,	

<b>Property Specific Information</b>	
Do all doors have the same key?	(Yes) (No) How many?
	List details if no
Remote controls for garage door opener	(Yes) (No) How many?
Remote controls for ceiling fan	(Yes) (No) How many?
Remote for removable A/C unit	(Yes) (No) How many?
<b>Schools</b>	
Elementary	
Middle	
High School	
<b>Advertising/Marketing Information</b>	
Are pets allowed	(Yes) (No)
If pets allowed, be specific	
Will you permit a sign?	(Yes) (No)
Property Availability Date?	
Amenities:	<input type="checkbox"/> Microwave <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove/Oven <input type="checkbox"/> Refrigerator <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Pool <input type="checkbox"/> Community Center <input type="checkbox"/> Other (please list) _____ _____