

Property Address: _____
(please include Street, Avenue, Etc.) City Zip Code

(Neighborhood) (County)

Directions to Property: _____

Owners' Name(s) _____			
Address _____			
City _____	State _____	Zip _____	
Home Phone _____	Bus. Phone _____	Cell Phone _____	
E-mail _____	E-mail _____		

Is property occupied? (circle one) Yes No If occupied: Date Property will be vacant: ___/___/___

Date property is ready for occupancy: ___/___/___

Date Property No longer Available: ___/___/___ OR Available Indefinitely (circle if applicable)

OWNER'S PREFERENCES

Desired rent: \$ _____

Rental Income Payments: (circle one) *Mail to Owner *Mail to Bank ** LBP Bank Deposit Service (Recommended)

* LBP is NOT responsible for checks lost in the mail.

** LBP hand delivers deposits to Wachovia, BB&T, Bank of America, Suntrust, Harrington, SECU, RBC Centura, & First Citizens

Undergrads acceptable? (circle one) Yes No (LBP does NOT allow Smoking in any property)

Pets acceptable? (circle one) Yes No w/ Owner Permission (LBP requires a \$200 non-refundable Pet Fee, per pet)

PROPERTY DESCRIPTION

Sq. Ft.

Year Built

Is your property currently for sale? (circle one) Yes No

If Yes: Will it be taken off of the sales market once a lease is signed? (circle one) Yes No

Circle which apply: Detached SFH Townhouse Condo Duplex Multi-unit Home Apartment in house

Bedrooms _____ # Baths _____ # 1/2 Baths _____ # Floors _____

Garage: (circle all that apply) Yes No Attached Detached # of spaces _____ Location or garage # _____

Carport: (circle all that apply) Yes No Attached Detached # of spaces _____

Reserved parking: Yes No # of spaces _____ Location _____ Other parking: Yes No Location _____

What is the method of Assignment/Reserved Space: _____ Do fees apply? _____

Storage Unit: (circle all that apply) Yes No Attached Detached **Location or #** _____ **Key required?** Yes No

Detached Building: Yes No **Location** _____ **Key required?** Yes No

Mailbox: (circle all that apply) No key required Community Kiosk (key required) **Mail Box # & location** _____

Appliances: (circle all that apply) Refrigerator • Ice Maker • Electric Stove • Gas Stove • Cooktop Stove • Electric Oven • Gas Oven •
• Self Cleaning Oven • Convection Oven • Double Oven • Built in Microwave • Free Standing Microwave • Dishwasher • Washer •
• Electric Dryer • Gas Dryer • Disposal • Trash Compactor • Other _____

Owner must NOT furnish grills. Portable grills should be removed from property!

Exterior: (circle all that apply) Patio • Deck • Screened Porch • Fenced yard • Screens on all windows • Gutters • Other _____

List any special features of your property _____

Fireplace(s) wood-burning? (circle one) Yes No **If yes, date last cleaned** ___/___/___ **Location(s)** _____

Fireplace(s) gas- log? (circle one) Yes No **If yes, remote control?** Yes No **Locations(s)** _____

Operating instructions _____

Heating Source: (circle all that apply) NATURAL GAS PROPANE ELECTRIC

Heat Type: (circle all that apply) Gas Pack Heat Pump Strip/Floor Forced Air Dual Zone Hydronics Radiator Wall Other

Air Conditioning: (circle all that apply) Central Air Heat Pump Dual Zone Wall Unit *Window Units *Qty: _____

Water Heater: (circle all that apply) GAS ELECTRIC **Water Heater Location(s):** _____ **Sump Pump:** Yes No

Water Shut-Off Location: _____ **Breaker Box Location:** _____

Carbon Monoxide Detector Location: _____ or N/A **Smoke Detector Locations:** _____

Filter Sizes & Location(s): _____ and _____ and _____

COMMUNITY FEATURES

Pool: (circle all that apply) None Included In Rent Available to Join **Fee?** _____ **Pass, Key, or Code required** _____

Fitness: (circle all that apply) None Included In Rent Available to Join **Fee?** _____ **Pass, Key, or Code required** _____

Tennis: (circle all that apply) None Included In Rent Available to Join **Fee?** _____ **Pass, Key, or Code required** _____

Golf: (circle all that apply) None Included In Rent Available to Join

Community play area: No Yes **Other community features Available:** _____

UTILITY INFORMATION

Electric Co.: _____ **Electric included in rent?** (circle one) Yes No

Gas Co.: _____ **Gas included in rent?** (circle one) Yes No

Heating Oil/ Gas Propane: Yes No **Included in rent?** (circle one) Yes No

Heating Oil/ Gas Propane Co.: _____ **Telephone #** _____ **Size of Tank:** _____ **Own or rent?** _____

Water: (circle one) City Private Well **If Well, is there a water filtration system?** (circle one) Yes No **Location:** _____

Water Co: _____ **Water included in rent?** (circle one) Yes No

Sewer: (circle one) City Private Septic **If Septic, date last pumped:** ___/___/___ **Type of Septic System:** _____

Sewer Company: _____ **Sewer included in rent?** (circle one) Yes No

*** Vacant properties: owner should leave all of the above utilities on and in their name until rented.**

Telephone Co.: _____ Telephone service included in rent? (circle one) Yes No

Garbage Service: (circle one) *Pick-Up Neighborhood Dumpster Bring to Landfill Included in rent: (circle one) Yes No

Recycle Service: (circle one) *Pick-Up Neighborhood Dumpster Bring to Landfill Included in rent: (circle one) Yes No

Service Provider: (circle one) City/County Private Company _____ Telephone # _____

*Garbage Pick-up Day(s): (circle) M Tu W Th F *Recycle Pick-up Day(s): (circle) M Tu W Th F

Cable Television Available? (circle one) Yes No Cable included in rent? (circle one) Yes No

Is Satellite Dish Installation Acceptable? (circle one) Yes No Satellite service included in rent? (circle one) Yes No

Is a Satellite dish already installed? (circle one) Yes No If yes, service provider? (circle one) Dish Network DirectTV

Security Alarm System Available? (circle one) Yes No If yes, is monitoring service included in rent? (circle one) Yes No

Company: _____ Telephone: _____ Entry Code: _____ Exit Code: _____

Building Entry Code: _____ or N/A *Owner must provide LBP with copy of building key in addition to code

PROPERTY ADMINISTRATION

Insurance Company: _____ Agent: _____ Telephone # _____

Home Warranty: (circle one) Yes No Company: _____ Telephone # _____

Warranty # _____ Expiration date of Warranty Coverage: ___/___/___

Home Owners Association or Condo Association? Yes No **** If yes, HOA information section must be completed**

Is grass mowing included in rent? (circle one) Yes No If yes, who will provide? (circle one) HOA Owner LBP vendor

If owner: Lawn service provider/company: _____ Telephone # _____

Cleaning gutters, raking leaves, mulching, weeding, pruning, caring for flowers are NOT the tenant's responsibility

Irrigation system: Yes No Service Company _____ Telephone # _____

Current Property Management Company: _____ Telephone # _____

HOME OWNERS ASSOCIATION INFORMATION

Home Owners or Condo Association: _____ Telephone # _____

HOA/COA Management Company: _____ Telephone # _____

HOA/COA Address: _____
(please include Street, Avenue, Etc.) City State Zip Code

Website where information or documents can be retrieved _____

****You must provide LBP with HOA/COA Rules and Regulations or other relevant documentation**

Will LBP pay your dues? (circle one) Yes No If yes, Amount \$ _____ (circle one) yearly monthly Begin date: ___/___/___

Circle all that are covered by the HOA: Gutter Cleaning • Garage Doors • Lawn care • Extermination • Water/sewer •

• Exterior Maintenance and/or Cleaning • If Other Provide specifics of coverage: _____

**** Failure to provide LBP with HOA/COA maintenance coverage may result in additional maintenance cost to you.**

**** Owners are responsible to keep LBP up to date with the most recent HOA/COA Rules/Regs, policies, or management changes.**

WHAT WE NEED FROM YOU

- | | | | |
|---|-----------------|-----|-----------|
| Federal W-9 Form completed and signed | Attached? _____ | Yes | |
| Lead Disclosure (NCAR form #430-T) initialed and signed | Attached? _____ | Yes | _____ N/A |
| One (1) copy of HOA/COA Rules & Regulations or website address | Attached? _____ | Yes | _____ N/A |
| Four (4) keys to the residence to operate all locks. | Attached? _____ | Yes | |
| ALL locks to the residence must operate by the same key. | | | |
| Keys provided that do not work will be replaced at owner's expense | | | |
| Two (2) mailbox keys Location: _____ Box # _____ | Attached? _____ | Yes | _____ N/A |
| Two (2) storage/shed/crawl keys/combo Location: _____ Unit # _____ | Attached? _____ | Yes | _____ N/A |
| Two (2) building entry keys | Attached? _____ | Yes | _____ N/A |
| Garage door opener(s) (circle one Qty) One Two | Attached? _____ | Yes | _____ N/A |
| Two (2) garage door keys | Attached? _____ | Yes | _____ N/A |
| Parking pass(es) (circle one Qty) One Two | Attached? _____ | Yes | _____ N/A |
| Passes, keys, or codes for community features | Attached? _____ | Yes | _____ N/A |
| Irrigation operating instructions | Attached? _____ | Yes | _____ N/A |
| Twelve (12) preprinted bank deposit slips *name must match W-9 !! | Attached? _____ | Yes | _____ N/A |
| Twelve (12) HOA/COA dues payment coupons | Attached? _____ | Yes | _____ N/A |
| Copy of letter informing HOA/COA of Louise Beck Properties, Inc. management | Attached? _____ | Yes | _____ N/A |
| \$250 setup fee (check made out to Louise Beck Properties, Inc.) | Attached? _____ | Yes | |
| Owner's funds (separate check : \$150 Minimum) | Attached? _____ | Yes | |

Showing Instructions (If Occupied): Name of person to notify of showings: _____ Relation to you _____

Phone Number(s) _____ # of Hours notice required: (circle one) 1hr 2hrs 4hrs

Are there pets on the premises (what type?) _____

Other Special Instructions: _____

Will LBP be handling turn over work (i.e. painting, cleaning, and carpet cleaning) (circle one) Yes No**

****Note, if you circled No: a move-in inspection will take place 2 days prior to lease start. At that time, any outstanding work will be completed by LBP vendors.**

Owner's Preferred Contractors (All Contractors MUST have General Liability Ins. and Workers Compensation):

Name: _____ Telephone: _____ Type of Service: _____

Name: _____ Telephone: _____ Type of Service: _____

Other Improvements Required: _____

I understand the property will be marketed and managed based on the information provided within this document. Louise Beck Properties, Inc. is not responsible for the consequences of errors or omissions in this document. It is the responsibility of the Owner to inform Louise Beck Properties, Inc. of any changes to the information provided. I confirm that any and all information provided in this form is accurate.

OWNER: _____ (SEAL) DATE: _____

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