

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? Yes No If occupied: Date property will be vacant: ___/___/___
Vacant properties: owner should leave all utilities on, and in their name, until notified by LBP.
 Date property is ready for occupancy: ___/___/___ (Allow a minimum of one week from vacancy)

Current resident(s) (If occupied): _____ Relation to you _____
 Phone Number(s) _____
 If your property is occupied and going on the market: # of hours notice required: (check one) 1hr 2hrs 4hrs
 Are there pets on the premises (what type?) _____
All dogs must be crated or removed for showings, and all rooms must be accessible.
 Other showing instructions: _____

THE FOLLOWING INFORMATION IS RELEVANT TO MARKETING YOUR PROPERTY - OMISSIONS OR INACCURATE INFORMATION MAY RESULT IN DELAYED MARKETING AND LEASING OF YOUR PROPERTY

Desired rent: \$ _____	Sq. Ft. _____	Year built _____
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Is your property currently for sale? Yes No
 If yes: who is your agent? _____
 If yes: will it be taken off of the sales market once a lease is signed? Yes No

Undergrads acceptable? Yes No

Pet Policy: If Management Agreement allows pets a \$200 non-refundable Pet Fee per pet will be charged to the Tenant. The LBP Pet Addendum will also be made part of the lease. Until owner instructs otherwise, LBP will obtain pet approval prior to leasing.

Check Applicable: Detached SFH Townhouse Condo Duplex Multi-unit Home Apartment in house

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

Garage Yes No If yes: (check all that apply) Attached Detached Manual Automatic

of spaces: _____ Location or garage #: _____ Keypad code: _____

Carport: Yes No If yes: (check all that apply) Attached Detached # of spaces: _____

Parking: Yes No # of spaces: _____ Location: _____ Do fees apply? Yes No

Parking Pass Required? Yes No Space(s) Numbered? Yes No If yes: #(s) _____

Appliances: (check all that apply) Refrigerator Ice Maker Electric Stove Gas Stove Cook-top Stove Electric Oven
 Gas Oven Self-Cleaning Oven Convection Oven Double Oven Built in Microwave Dishwasher Disposal
 Trash Compactor Washer Electric Dryer Gas Dryer Stack Washer-Dryer Other _____

Table top microwaves should not be provided and will be removed from the property.

Storage Unit: Yes No If yes: (check all that apply) Attached Detached Location OR # _____

Exterior: (check all that apply) Patio Deck Screened Porch Fenced yard Screens on all windows Gutters**
 Gutter guards Built-in grill Other _____

**** Gutter cleaning is not tenant responsibility. LBP will clean gutters 2-3 times per year as needed.**

Fireplace(s) wood-burning? Yes No Location(s): _____

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

Fireplace(s) electric-log? Yes No If yes, remote control? Yes No Locations(s): _____

Operating instructions _____

Indicate which of the following are included:

Electric included in rent? Yes No Gas included in rent? (check one) Yes No N/A

Water included in rent? Yes No Oil/Propane included in rent? (check one) Yes No N/A

Sewer included in rent? Yes No

Indicate which of the following are present and if so if they are included:

Cable Television available? (line present) Yes No Cable TV included in rent? Yes No

Is a Satellite dish already installed? Yes No Satellite service included in rent? Yes No

If yes, service provider? (check one) Dish Network DirectTV

Security Alarm System? (check one) Present-operable Present-inoperable Present-operability unknown None

If present, is monitoring service included in rent? Yes No

Is your unit in a secure (key pad entry) building? Yes No If yes Building Entry Code: _____

Owner must provide LBP with copy of building key in addition to code

Irrigation System? (check one) Present-operable Present-inoperable Present-operability unknown None

If present LBP will winterize irrigation system.

Is lawn maintenance (grass mowing, leaf removal) included in rent?*** Yes No

*****Note that landscaping (i.e.: mulching, weeding, pruning, caring for flowers, watering) is NOT the tenant's responsibility.**

Indicate any of the following that are available at your property or in the neighborhood:

Pool: (check one) None Included In Rent Available to Join Fee? _____ Pass/Key/Code required _____

Fitness: (check one) None Included In Rent Available to Join Fee? _____ Pass/Key/Code required _____

Tennis: (check one) None Included In Rent Available to Join Fee? _____ Pass/Key/Code required _____

Community play area: No Yes Other community features available: _____

List any additional information about your property that a prospective tenant would want to know when considering your property. Include any special features, additional appliances or systems, and improvements to be made.

**THE FOLLOWING INFORMATION IS RELEVANT TO MAINTAINING YOUR PROPERTY
OMISSIONS OR INACCURATE INFORMATION MAY RESULT IN DELAYED
LEASING AND ADDITIONAL VENDOR CHARGES DURING MANAGEMENT**

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

Heat Type: (check all that apply) Gas Pack Heat Pump Strip/Floor Forced Air Dual Zone Hydronics
 Radiator *Wall *Qty: _____

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

Water Heater: (check all that apply) GAS ELECTRIC TANKLESS

Water Heater Location(s): _____

Water Shut-Off Location: _____ Breaker Box Location(s): _____

Carbon Monoxide Detector Locations: _____

Smoke Detector Locations: _____

LBP will install the appropriate number of mounted carbon monoxide detectors and/or smoke detectors to ensure compliance with NC law.

Air Filter(s) (list all): Location: _____ Size: _____ Location: _____ Size: _____
Location: _____ Size: _____ Location: _____ Size: _____

Additional filter information (special instructions): _____

Electric Co.: _____ Gas Co.: _____

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

Water: (check one) City/County Private Well Water Co.: _____

If well, is there a water filtration system? Yes No Location: _____

Sewer: (check one) City/County Private Septic Sewer Co.: _____

If septic, date last pumped: ____/____/____ Type of Septic System: _____

Sewage pump? Yes No Sump Pump: Yes No If yes location: _____

Back flow alarm? Yes No If yes location: _____

Telephone Company: _____

Security Alarm System Company: _____ Telephone: _____

Entry Code/Instructions: _____ Exit Code/Instructions: _____

Garbage Service: (check only one from either "Included in rent" or "Not included in rent")

Included in rent: Pick-Up City/County Pick-Up Private Co.-HOA Pick-Up Private Co.-OWNER Neighborhood Dumpster

Company: _____ **Telephone #** _____

OR Not included in rent: Bring to Landfill

Recycle Service: (check only one from either "Included in rent" or "Not included in rent")

Included in rent: Pick-Up City/County Pick-Up Private Co.-HOA Pick-Up Private Co.-OWNER Neighborhood Dumpster

Company: _____ **Telephone #** _____

OR Not included in rent: Bring to Landfill

Lawn Maintenance (when vacant and if included): (check one) HOA LBP Owner-preferred provider

Lawn Maintenance Company†: _____ **Telephone #** _____

Irrigation System Service Company†: _____ **Telephone #** _____

Insurance Company: _____ **Agent:** _____ **Telephone #** _____

Home Warranty: Yes No **Company:** _____ **Telephone #** _____

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

***LBP applies an \$85.00 per occurrence charge for each Home Warranty call coordination.**

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

Home Owners or Condo Association: _____ **Telephone #** _____

HOA/COA Management Company: _____ **Contact:** _____ **Telephone #** _____

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

Website where HOA information or documents can be retrieved _____

Website access must be public or you must provide LBP with HOA/COA Rules & Regulations or other relevant documentation

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

*** The following are required prior to LBP facilitating HOA dues payments: all above information, owner funds, LBP management notification letter to HOA.**

Check 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.**

† LBP is equipped to work with your preferred provider. All providers must submit proof of general liability insurance, Worker's Compensation, and a completed W9 to LBP prior to authorization of work.

PREPARING YOUR PROPERTY FOR OCCUPANCY

LBP will prepare your property for occupancy (i.e. painting, cleaning, carpet cleaning, repairs, removal of personal items). A move-in inspection will take place 3 days prior to lease start. At that time, any outstanding work will be completed by LBP vendors.

List any services or recurring scheduled/contracted maintenance (extermination, HVAC check ups, landscaping, etc.) you have in place for your property. (LBP is equipped to work with your preferred provider. All providers must submit proof of general liability insurance, Worker's Compensation, and a completed W9 to LBP prior to authorization of work.)

Type of service: _____ Company: _____

Telephone: _____ Frequency: _____

Type of service: _____ Company: _____

Telephone: _____ Frequency: _____

Remote controls (ceiling fan, A/C, fireplace, etc) should be left at the property. List each remote, what each controls, and where each is located at the property.

List central vacuum accessories and the location where they have been left at the property.

Appliance manuals and usable paint for your property may be left at the property. Neither LBP nor the tenant will be responsible for these items.

The following items are considered personal property and need to be removed from your property; LBP will remove and dispose of these items at your expense. LBP will not be responsible for or store items left at the property, including:

- Portable grills
- Table top microwaves
- Lawn care equipment, garden equipment, garden hoses, flower pots
- Fire extinguishers
- Curtains
- Furniture
- Outdoor furniture and decorations including bird baths, feeders, lawn ornaments
- Kitchen pots and pans
- Welcome mats
- Fireplace accessories
- Bathroom accessories, shower curtains
- Cleaning supplies or equipment including brooms and mops
- Padlocks
- Personal belongings and loose items

LBP does NOT allow Smoking in any property. If a property has a smoke odor, smoke odor removal will be necessary.

THE FOLLOWING ITEMS MUST BE PROVIDED TO LBP TO MANAGE YOUR PROPERTY. IF LBP DOES NOT RECEIVE ALL OF THESE ITEMS, IT MAY DELAY THE MARKETING AND LEASING OF YOUR PROPERTY, AND MAY RESULT IN ADDITIONAL VENDOR CHARGES

Federal W-9 Form, completed and signed	Attached? <input type="checkbox"/> Yes
Property Management Agreement, completed and signed	Attached? <input type="checkbox"/> Yes
New Property Information Sheet, completed and signed	Attached? <input type="checkbox"/> Yes
Lead Disclosure (NCAR form #430-T) initialed and signed	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
One (1) copy of HOA/COA Rules & Regulations or website address	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Copy of letter informing HOA/COA of Louise Beck Properties, Inc. management	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A

Four (4) keys to the residence to operate all locks.

Attached? Yes

ALL locks (home, storage, garage, etc.) must be operated by the same key. If 4 keys are not provided or if keys provided do not work, LBP will make or obtain keys for a \$100 fee.

Four (4) secured building entry keys	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Two (2) mailbox keys	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Location: _____ Box # _____	
Garage door opener(s) (# of openers <u>must equal number of spaces.</u>)	Quantity? <input type="text"/> <input type="checkbox"/> N/A
Garage keys or code	Code: _____ Quantity? <input type="text"/> <input type="checkbox"/> N/A
Parking pass(es)	Quantity? <input type="text"/> <input type="checkbox"/> N/A
Landfill decals	Quantity? <input type="text"/> <input type="checkbox"/> N/A
Passes, keys, or codes for community features	Code: _____ Quantity? <input type="text"/> <input type="checkbox"/> N/A

Pool information sheet	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Irrigation operating instructions	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Twelve HOA/COA dues payment coupons	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
\$250 setup fee (check made out to Louise Beck Properties, Inc.)	Attached? <input type="checkbox"/> Yes
Owner's funds (separate check): \$1000 Minimum*	Attached? <input type="checkbox"/> Yes

* Unused funds will be returned with first owner disbursement

- **LBP cannot release rental income payments without a completed W9 on file and the owner has entered bank account information into the Owner's online portal.**
- **Deposits are made at the end of each month.**

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: _____

OWNER: _____ (SEAL) DATE: _____