

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.

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) <input type="checkbox"/> 1hr <input type="checkbox"/> 2hrs <input type="checkbox"/> 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 _____
------------------------	---------------	------------------

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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** _____ **# ½ 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 ☐ other _____

*** If LBP to pay dues, payment responsibility will only begin AFTER initial lease has been signed and thereafter.**

*** Required prior to LBP facilitating HOA dues payments: all above information, funds, and Notice to HOA letter.**

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? ____ Yes
Property Management Agreement, completed and signed	Attached? ____ Yes
New Property Information Sheet, 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
Copy of letter informing HOA/COA of Louise Beck Properties, Inc. management	Attached? ____ Yes ____ 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.

Please note: self-service (neon green kiosk) keys have an extraordinarily high failure rate. Further, creating copies of these keys rarely work. Please ensure keys provided are of similar quality/style of the original manufacturer to avoid additional expense associated with lock/key failure.

Four (4) secured building entry keys	Attached? ____ Yes ____ N/A
Two (2) mailbox keys	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Location: _____ Box # ____ </div> Attached? ____ Yes ____ N/A
Garage door opener(s) (# of openers <u>must equal number of spaces.</u>)	Quantity? <input type="text"/> ____ N/A
Garage keys or code	Code: _____ Quantity? <input type="text"/> ____ N/A
Parking pass(es)	Quantity? <input type="text"/> ____ N/A
Landfill decals	Quantity? <input type="text"/> ____ N/A
Passes, keys, or codes for community features	Code: _____ Quantity? <input type="text"/> ____ N/A

Pool information sheet	Attached? ____ Yes ____ N/A
Irrigation operating instructions	Attached? ____ Yes ____ N/A
Twelve HOA/COA dues payment coupons	Attached? ____ Yes ____ N/A
\$395 setup fee (check made out to Louise Beck Properties, Inc.)	Attached? ____ Yes
Owner's funds (separate check): \$1000 Minimum*	Attached? ____ 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: _____