

Property Management Information Form

— PLEASE RETURN WITHIN FIVE DAYS —

Client Information

1. Your name: _____ Vacate date: _____

2. Mailing address: _____

3. Telephone numbers –

Home: _____ Work: _____

Mobile: _____ Fax: _____

4. Email addresses –

Primary email: _____ Secondary email: _____

Please indicate which address WJD should use to send statements: Primary Secondary

5. Homeowner's or condominium association management company's contact information
(be sure to provide us with applicable rules and regulations for the tenant) –

Management company name: _____

Telephone: _____ Fax: _____

Website: _____

Property Amenities

1. List all available amenities such as pool, tennis, party room, recreation facility, etc.:

2. List any available memberships: _____

Tenant Rules and Regulations

1. Parking –

Describe available parking, indicating space #(s) if applicable:

If parking registration is required, describe: _____

Explain parking garage access, note any required deposit, and if and when deposit is refundable:

For the following, please note the number provided:

Parking tags: _____ Parking stickers: _____ Garage key fobs: _____ Gate key fobs: _____

If parking registration is required, describe: _____

2. If pool ID required, describe: _____

3. Mailbox number and location: _____

4. Storage bin number and location: _____

5. Is tenant responsible for yard maintenance? Yes No

If yes, describe exact areas of responsibility:

6. Trash removal – provided by: HOA City/county Private contractor

If private contractor indicate name and telephone –

Contractor name: _____ Telephone: _____

Trash pickup schedule: _____

Does trash service provide leaf removal from curb? Yes No

7. List any other tenant responsibilities to be included in lease such as swimming pool or hot tub maintenance, hardwood floor protection, septic field switching, etc.:

Contracts

1. If a Home Warranty is currently in effect please authorize WJD Management to call in maintenance requests and note account number, telephone number and expiration date of contract:
2. List any service or maintenance contracts currently in effect noting account number, contractor, expiration date and telephone number of contractor:
3. List any appliances or fixtures currently under warranty, noting expiration date and manufacturer's contact information:

4. Fire/liability insurance company information –

Company name: _____ Policy number: _____

Agent's name and telephone number: _____

5. Please check if you have a pest control or termite warranty in effect. Is it to be continued by WJD? Yes No If yes, please provide vendor name and telephone number:

Vendor name: _____ Telephone: _____

6. Is there a security system? Yes No

If yes, please provide the following security company monitoring information –

Security company name: _____

Security company telephone: _____ Security access code: _____

7. Do you have gutter guards in place? Yes No

Utilities

1. List any utilities included in rent: _____
2. List appropriate vendor of the following utilities and services not included in rent –

Electric: _____ Gas: _____

Water: _____ Sewer: _____

Cable TV: _____ Trash: _____

3. Indicate any utilities currently in use: Electric Gas Water

NOTE: Don't forget to have the billing address changed to our office.

Property Information

- 1. Location of main water shut-off: _____
- 2. Location of outside faucet(s) shut-off: _____

- 3. Location of circuit breaker or fuse box: _____
- 4. Location of GFI(s) where applicable: _____
- 5. Location of sump pump(s): _____
- 6. Location of gas meter: _____
- 7. Location of smoke detector(s): _____

8. Location of carbon monoxide detector(s): _____

9. Indicate the total number of **different** property keys by placing a "1" on the appropriate line. If a door has two different locks, place a "2" on the line:

Front _____ Back _____ Side _____ Garage _____ Shed _____ Gate _____ Mailbox _____

Other: _____

10. Indicate the number of remote controls provided:

Garage Door _____ Ceiling Fan _____ Fireplace _____ Security System _____

Other: _____

Authorization for Automatic Deposits to Bank Account

Name(s) on the account _____

Name of bank (My Bank) _____

Bank routing number _____
(typically the 9 digits between the “.” marks on your check)

Account number (My Account) _____

Deposit to checking Deposit to savings

I hereby authorize WJD Management and Burke and Herbert Bank and Trust Company to initiate deposits (credits) to My Bank through the Automated Clearing House system. I further authorize WJD Management and Burke and Herbert Bank and Trust Company to initiate withdrawals (debits) from My Bank to correct any errors that may have been made with credits to My Account.

This authorization will remain in effect until I give WJD Management written notice that I no longer wish to utilize the Automated Clearing House system and WJD Management shall have five (5) business days to act on that notice. Conclusion of WJD Management’s authority to initiate credits to My Bank through the ACH system shall not alter WJD Management’s authority to initiate debits from My Bank to correct or adjust credits posted to My Account before notice of termination of authority notice was received.

I warrant to WJD Management, Burke and Herbert Bank and Trust Company and My Bank that:

Only my signature is required to validate this authorization form.

Required Signature _____ Today’s Date _____

All parties required to validate this authorization form have signed it.

Additional Required Signature _____ Today’s Date _____

NOTE: To complete your registration this form must be returned to WJD with a VOIDED CHECK from the referenced account.