

## PROPERTY INFORMATION FORM

Owner Name: \_\_\_\_\_ Co-Owner Name: \_\_\_\_\_  
First MI Last First MI Last

Primary Social Security/Tax ID Number \_\_\_\_\_

Rental Property Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Condo/HOA Name \_\_\_\_\_ Condo/HOA Number \_\_\_\_\_

Move-in Fee: \$ \_\_\_\_\_ Elevator Fee: \$ \_\_\_\_\_ Move-In/Move-Out Times: \_\_\_\_\_

Other Restrictions and Fees: \_\_\_\_\_

Mailbox Number \_\_\_\_\_ Mailbox Location \_\_\_\_\_

Storage Bin Number \_\_\_\_\_ Storage Bin Location \_\_\_\_\_

### CURRENT OCCUPANT CONTACT INFO

Name(s) \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail Addresses \_\_\_\_\_

### YOUR FUTURE CONTACT INFO

Mailing Address \_\_\_\_\_

Country \_\_\_\_\_ Time Zone \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Move-out Date \_\_\_\_\_ Date Available \_\_\_\_\_ Email Address \_\_\_\_\_

Length of Lease: (typically 12 – 36 months) \_\_\_\_\_ to \_\_\_\_\_ months

**Pets:** Yes No Case by Case Other pet restrictions: \_\_\_\_\_  
(e.g., type, size, breed, number)

**Property Amenities:** Pool Tennis Court Tot Lot Basketball Court  
Exercise Room Party Room Bike Trail Near Metro (within 1 mile)

Notes to Property Manager:

### INSURANCE INFORMATION

**Company:**    USAA    Other \_\_\_\_\_    Policy Number \_\_\_\_\_

Contact Name (Agent) \_\_\_\_\_    Claims Telephone \_\_\_\_\_

Make sure to change to a *fire and liability policy* and to list Peake Management, Inc. as an *additional insured* on your policy.

### BANK DEPOSIT INFORMATION

Check Payable to \_\_\_\_\_    Bank Name \_\_\_\_\_

Bank-by-Mail Address \_\_\_\_\_

City \_\_\_\_\_    State \_\_\_\_\_    Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

### APPLIANCES PROVIDED

	COLOR	BRAND	YEAR PURCHASED	WARRANTY OR S/C INFO
Stove/Range	_____	_____	_____	_____
Cooktop	_____	_____	_____	_____
Wall Oven	_____	_____	_____	_____
Refrigerator	_____	_____	_____	_____
Refrigerator w/icemaker	_____	_____	_____	_____
Dishwasher	_____	_____	_____	_____
Built-in Microwave	_____	_____	_____	_____
Disposer	_____	_____	_____	_____
Freezer	_____	_____	_____	_____
Range Hood	_____	_____	_____	_____
Washer	_____	_____	_____	_____
Dryer	_____	_____	_____	_____
Garage Door Opener*	_____	_____	_____	_____
Central Vac	_____	_____	_____	_____
Water Softener	_____	_____	_____	_____
Alarm System*	_____	_____	_____	_____
Intercom	_____	_____	_____	_____
Dehumidifier	_____	_____	_____	_____
HVAC 1	Gas    Electric	_____	_____	_____
HVAC 2	Gas    Electric	_____	_____	_____
HVAC 3	Gas    Electric	_____	_____	_____

\* Provide keypad codes: \_\_\_\_\_

Other appliance or warranty information: \_\_\_\_\_

You, the landlord, are responsible for repairing and/or replacing appliances when they fail. If there are non-essential appliances you do not want repaired, please indicate (central vac, security system, etc.) \_\_\_\_\_

If you have hardwood floors, are they      stained?      sealed?      other? \_\_\_\_\_

Do you have a septic tank?      Yes      No      If yes, date septic tank was last pumped: \_\_\_\_\_

Please provide a sketch with the location of the septic tank and septic field switching valve, if applicable.

Also note where the switching valve is stored: \_\_\_\_\_

Oil Tank?      Well?

Interior location of main water shut-off (please tag it): \_\_\_\_\_

Interior location of outside water shut-offs: \_\_\_\_\_

Electrical box location: \_\_\_\_\_

Smoke detector locations (all levels): \_\_\_\_\_

\_\_\_\_\_

Although we recommend removing all of your belongings, list any tools or furniture that you plan to leave at your property:

\_\_\_\_\_

### PARKING REGULATIONS

Assigned parking/garage numbers: \_\_\_\_\_

Garage access:      Card      Remote      Key

Parking permit required?      Yes      No

Procedures and contact info for parking permit: \_\_\_\_\_

\_\_\_\_\_

### TENANT RESPONSIBILITIES

Lawn Mowing      Yes      No

If yes, please indicate which areas of your yard need mowing: \_\_\_\_\_

\_\_\_\_\_

Leaf Removal      Yes      No

Trash Removal      Yes      No

Gutter Cleaning      Yes      No

Pool/Spa Maintenance      Yes      No

If yes, please describe pool/spa maintenance duties in detail:

\_\_\_\_\_

## CONTRACTOR INFORMATION

*Note: For all companies listed below, please request that contract renewal notifications are sent to:*

**Peake Management, Inc., 450 N Washington Street #M Falls Church, VA 22046\***

### Termite & Pest Control:

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Account No. \_\_\_\_\_ Expiration \_\_\_\_\_

Should contract be renewed annually?      Yes      No

### Heating & Air Conditioning:

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Account No. \_\_\_\_\_ Expiration \_\_\_\_\_

Should contract be renewed annually?      Yes      No

### Lawn Services:

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Account No. \_\_\_\_\_ Expiration \_\_\_\_\_

Should contract be renewed annually?      Yes      No

Services provided (check all that apply):      Fertilization      Mowing      Leaf Removal

Other: \_\_\_\_\_

### Gutter Cleaning:

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Account No. \_\_\_\_\_ Expiration \_\_\_\_\_

Should contract be renewed annually?      Yes      No

### Home Warranty or Other Contract 1:

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Account No. \_\_\_\_\_ Expiration \_\_\_\_\_

Should contract be renewed annually?      Yes      No      Phone No. Associated with Account \_\_\_\_\_

### Home Warranty or Other Contract 2:

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Account No. \_\_\_\_\_ Expiration \_\_\_\_\_

Should contract be renewed annually?      Yes      No      Phone No. Associated with Account \_\_\_\_\_

*Please remember to request that contract renewal notifications are sent to:*

**Peake Management, Inc., 450 N Washington Street #M Falls Church, VA 22046\***

*\* If we do not receive notifications, we cannot guarantee that your contracts will be renewed.*