Information for Property Management:



(1) Address:		C:r.	Ct-t-	TV	7:
		CITY	State	<u> 1X</u>	_ Zıp_
Home Warranty contract #:		Phone # *EXPIRATION DATE (of home w	arranty	,*•
		at remain with the property:			
		I I /			
Mail box location:			Box #:		
Are any items in the Propert	ty not in Working Co	ondition?			
		ver pool maintenance in rer			
	is (water softener, sp	orinkler system, alarm, etc):			
(2) Address:		City	State	TX	7ip
Home Warranty name:		Phone #			· - ۳-
Home Warranty name: Home Warranty contract #:		*EXPIRATION DATE	of home wa	arranty	·*:
1:-4	age door remotes th	at remain with the property:			
List appliances and/or # gar					
			Box #:		
Mail box location:		ondition?	Box #:		
Mail box location: Are any items in the Propert	ty not in Working Co	ondition?			
Mail box location: Are any items in the Propert Sprinkler system: Yes N Is there a pool: Yes No	ty not in Working Co No Areas Covered: Will you/do you co	ondition? ver pool maintenance in rer	nt:		
Mail box location: Are any items in the Propert Sprinkler system: Yes N Is there a pool: Yes No	ty not in Working Co No Areas Covered: Will you/do you co	ondition?	nt:		
Mail box location: Are any items in the Propert Sprinkler system: Yes No Is there a pool: Yes No Specific Property Instruction	ty not in Working Co No Areas Covered: Will you/do you co ns (water softener, sp	ondition? over pool maintenance in ren orinkler system, alarm, etc): _	nt:		
Mail box location: Are any items in the Propert Sprinkler system: Yes No Is there a pool: Yes No Specific Property Instruction Name(s) or entity in whice	ty not in Working Color Areas Covered: Will you/do you cons (water softener, specific property is title	ondition? over pool maintenance in reportance in second prinkler system, alarm, etc):	nt:		
Mail box location: Are any items in the Propert Sprinkler system: Yes No Is there a pool: Yes No Specific Property Instruction	ty not in Working Color Areas Covered: Will you/do you cons (water softener, spech property is title	ondition?over pool maintenance in rerorinkler system, alarm, etc): _ed (Information used for A	nt:		
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Mail box location: Are any items in the Propert Sprinkler system: Yes No Is there a pool: Yes No Specific Property Instruction Name(s) or entity in whice For 1- Address: For 2- Address: * Included with this owner inf Contact Information:	ty not in Working Color Areas Covered: Will you/do you cons (water softener, spech property is title) to sheet is a W9 form,	ondition?over pool maintenance in reportant prinkler system, alarm, etc):ed (Information used for A please complete and return al Name	nnual 109	99): is form	*
Mail box location: Are any items in the Propert Sprinkler system: Yes No Is there a pool: Yes No Specific Property Instruction Name(s) or entity in whice For 1- Address: For 2- Address: * Included with this owner inf Contact Information: Name: Date of Birth:	ty not in Working Color Areas Covered: Will you/do you cons (water softener, spech property is title to sheet is a W9 form,	ondition? over pool maintenance in reportant prinkler system, alarm, etc): ed (Information used for A please complete and return al Name Date of Birth:	nnual 109	99): is form	*
Mail box location: Are any items in the Propert Sprinkler system: Yes No Is there a pool: Yes No Specific Property Instruction Name(s) or entity in which For 1- Address: For 2- Address: * Included with this owner inf Contact Information: Name: Date of Birth: Driver License #	ty not in Working Color Areas Covered: Will you/do you cons (water softener, spech property is title) To sheet is a W9 form, State State	ondition? over pool maintenance in reportance in re	nt:	99): is form	.*
Mail box location:Are any items in the Propert Sprinkler system: Yes No Is there a pool: Yes No Specific Property Instruction Name(s) or entity in whice For 1- Address: * Included with this owner inf Contact Information: Name: Date of Birth: Driver License # Home Phone #	ty not in Working Color Areas Covered: Will you/do you cons (water softener, spech property is title) o sheet is a W9 form, State State	ondition? over pool maintenance in reportance in re	nnual 109	99): is form	.*
Mail box location: Are any items in the Propert Sprinkler system: Yes No Is there a pool: Yes No Specific Property Instruction Name(s) or entity in whice For 1- Address: For 2- Address: * Included with this owner inf Contact Information: Name: Date of Birth: Driver License #	ty not in Working Color Areas Covered: Will you/do you colors (water softener, spech property is title) To sheet is a W9 form, State State	ondition? over pool maintenance in reportance in re	nnual 109	99): is form	* State

Current status of Property(please circle one):	Vacant	Owner Occupied	Tenant Occupied
	(Ple	ection below)	
If owner occupied or Vacant: Once the home is list	sted on the n	narket, we will set you up on	a showing service which
will notify you of any upcoming showings. A minimu will arrange for a sign and supra/combo box to be pla	m one hour	notice will be provided to you	ı before a showing. We
Alarm Code In: Alarm Code Out:_		Location of Keypad:	
Pets on Property? Yes No / Type of Pet & Deta	ails:		
Where will pets be kenneled during showings: _			
Subdivision gate code: Specific sho			
If Tenant Occupied: Once property management se	ervices begin	, we will reach out to the tena	ant to introduce our
company and direct them to begin making payments details:	_		
Alarm Code In: Alarm Code Out:		Location of Keypad:	
Pets on Property? Yes No / Type of Pet & Deta	ails:		
Subdivision gate code: Specific Inst	tructions: _		
Tenant Names: 1.		_ 2	
Phone Number: 1.			
Email Address: 1.			
Security deposit paid? \$ + Any ref	fundable pe	et deposit paid \$	
Rent Status. Current Delinquent Amount ow	ved: \$		
Breakdown of amount owed:			
ITEMS NEEDED:			
 Upon start of services, will you continue to hol Landlord holding Transferring to Sug 	garland PM	- If transferring, please m	nail a check made
payable to Sugarland Property Management to		<u> </u>	
• Please provide us with a copy of the lease, pet	O	· • • · · · · · · · · · · · · · · · · ·	U
with any other documents signed by the tenan please provide them as well.	it. If you ha	ve any property condition	reports/pictures,
• Please provide us with a copy of the house key	'.		
• If required by the city the home is located in, d	,	,	•
If no, it is part of our services to apply for and r			
There are application fees required by the city, statement.	you will se	e these reflected as an expe	ense on a given owner
Additional comments:			

Monthly Management Reports will be automatically emailed. Please notify the office if you would prefer the monthly reports to be mailed. Revised: 10-2017

Property Address:	
I /	

Pets:

Note: We recommend being open to pets as over 50% of the prospects have pets, and declining pets would also limit our pool of candidates.

Do you allow pets?Yes	No				
Types of pets allowed:	Dogs	Cats	Birds	Fish	Caged Pets (Hamsters, Turtles, Etc)
Types of pets not allowed:					
Do you have any restrictions on pet s	izes and we	eights?			
Maximum number of pets allowed? _					
Do you allow indoor and outdoor pe	ts?				
·					

Pet Deposits:

Pets Under 50 lbs

Single Pet	\$350 NON-REFUNDABLE
2+ Pets	. \$150 additional (per pet) in addition to the single pet deposit (\$100 of it is
	a pet deposit)

Pets Over 50 lbs

Single Pet	\$500 (\$400 NON-REFUNDABLE / \$100 Refundable)
2+ Pets	. \$200 additional (per pet) in addition to the single pet deposit (\$100 of it is
	a pet deposit)

The following breeds or partial breeds, (but not limited to these breeds) are not permitted: Rottweiler, Pit Bull, Akita, Doberman, Chow, any Wold breed or breed that is deemed as a "vicious" or "dangerous". Support/ Service animals are not considered pets and are allowed to reasonably accommodate a handicapped leaseholder or occupant. Service Animals are accepted without a deposit. Verification that the animal is a support/service animal will be required from a licensed physician.

PAYEE INFORMATION

First Name:	Middle Initial:	Last Name:
Address:		
Cell Phone:	Work:	Home:
Email:		
Driver's License:		DL State:
BANK INFORMATI	ON	
Please be meticulous in pro	oviding the complete and co	rrect information to prevent problems with your timely deposit
Bank Name:		
ABA Routing Number:	A	ccount Number:
Account Class:I	Personal Commerc	cial
Account Type:(Checking Savings	
DRAFT AUTHORIZ	ATION	
Rental proceeds deposits t rental payments).	o your account occur by the	12th day of every month. (With the exception of late tenant
	are made to correct account	mber must be made as soon as possible prior to your next. Notice must be in writing, and a new form to be completed.
The information provided b MANAGEMENT, to make d		and accurate. I allow SUGARLAND PROPERTY
Signature:		Date:
Printed Name:		