



WINDSOR PACIFIC PROPERTY MANAGEMENT

Property Profile

Property Address: _____ City _____ Zip _____ County _____

Home Warranty Co: _____ Policy # _____ Renewal Date _____

HOA: _____ Phone # _____ Email: _____

CC&R's and Rules & Regulations for Property Yes No If Yes, please provide a copy to WPPM

Community/Neighborhood: _____ Gated: Yes No # Remotes: _____

Gate: Guard: Phone# _____ Automatic: Access Code: _____ _____

Ammenities: Pool(s) Spa Tennis Clubhouse Gym Golf _____ _____

Home Warranty Co: _____ Policy # _____ Renewal Date _____

Who resides in the Property? Owner Tenant Vacant

Name(s): _____ Move out date: _____

Cell# _____ Hm# _____ Email: _____

Has there ever been a Death in the Property: Yes No If Yes, provide date _____

Date Property is available _____ **Rental Term desired:** month/month 6 months 12 months Other _____

Marketing: Website & other internet sites Craigslist Approve **Rently** Lockbox (see Addendum)

Rent Target: \$ _____ / Security Deposit: \$ _____ (Review Rental App Requirements. Sec Dep held in WPPM's Trust Account)

Type of Property: House Condo Townhouse Apartment(s) Duplex 3-Plex 4-Plex

Square Feet: _____ Year Built: _____ Roof Type: _____ Exterior Walls: _____ Stories: _____

Bedroom(s): _____ **Bath(s)** _____ **Rooms:** Dining Living Family Loft Office Den

Breakfast nook Laundry Basement Other _____

Features: Yard Deck Patio Fireplace # _____ Gas Wood **Date last cleaned & Inspected:** _____

Spa Pool (must be fenced or have safety cover) Built-in BBQ Gas Charcoal

Pool/Spa Service Name: _____ Cell# _____ Off# _____

Email: _____ Frequency: Weekly Bi-weekly Monthly

Parking: Street Caport# _____ 2nd Assigned # _____ 1 Car Gar 2 Car Gar 3 Car Gar _____

Garage Door Opener Yes No # Remotes _____ Garage Door: One piece Wood Sectional Roll-up

Garages without side door: Emergency release lock? Yes No (required for garages with no 2nd entry door)

Addn'l Keys: Mail (Box#) _____ Laundry Comm Pool/Spa Storage Gym Other _____

Appliances: Refrigerator Ice Water Filter Microwave Dishwasher Trash Compactor Disposal

Cooktop Gas Electric Wall Oven Range: Gas Electric Washer Dryer: Gas Electric

A/C Heat: Wall Central # Zones: _____ Water Softener Water Filtration Syst Central Vac

w/Equipment Other: _____

Laundry: On-Site Indoor Hook Ups: Gas or Electric None Location: _____

Utilities Included: Water Garbage Gas Electricity Cable Alarm Gardener None

Gardener: _____ **Cell#** _____ **Email:** _____

Frequency: Weekly Bi-weekly Monthly

Tree Maintenance Yes No **Tree Company Name & Telephone:** _____

Water Heater: Private Common/Shared **Strapped** Yes No **Date Installed:** _____ **Location:** _____

Does the Water Heater have a pressure Relief Valve? Yes No

Smoking allowed: Yes No **Pets allowed** Yes No **If Yes, specify Breed & Weight** _____

Age of Carpet: _____ **Date Interior was last painted:** _____ **Date Exterior last painted:** _____

Date Deck last sealed: _____ **Date Gutters cleaned:** _____

Smoke Detectors up and working: Yes No **How Many in Property:** _____ Hardwired or Battery

Carbon Monoxide Detector: Yes No **How Many in Property:** _____ Plugged-in or Battery

Does property have an Alarm System? Yes No **Alarm Company:** _____

Do all windows and doors operate and lock properly? Yes No **Screens on all Windows?** Yes No

Dead Bolts on doors leading outside? (heat to no heat): Yes No

Does this property have: Satellite Dish Cable **Other:** _____

Irrigation Timer Provided: Yes No **Location:** _____ **Where is Shut Off Valve?:** _____

Is there a Shut Off Valve Under each toilet? Yes No **Under each sink?** Yes No

Location of Main Gas Shut Off Valve: _____ **Location of Main Water Shut Off Valve:** _____

Does this property have a Main Water Pressure Relief Valve? Yes No

Payables you would like to pay with rental income: HOA: Monthly Quaterly Annual Mortgage
 Insurance Prop Taxes Gardener Pool Svc Water Gabage Other: _____

(Please provide copies of each bill and change the billing to WPPM's address)

Special maintenace services required for your property? **If Yes, please explain the type of services necessary, frequency of work, and by whom will sevices be performed,etc.:** _____

What are your long term plans for this property? _____

How did you find WPPM? Friend Internet Realtor Property Owner Tenant Other

Please provide the name and number of the person who referred you: _____

Typical monthly accounting time line: Rents collected early in the month. Property payables processed mid month. Property Owner payments are processed the third week of the month (schedule subject to change due to weekends and Holidays).

Property Owner Signature

Date

Property Owner Signature

Date