

Homeowner Information Sheet

Property Address:	Street # and Name	City	Zip
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Primary Owner's Name:			
Email:	Primary	Secondary	
Phone:	Cell	Home	Work
Physical Address:	Street # and Name	City	State Zip
Mailing Address:	P.O. Box	City	State Zip

Secondary Owner's Name:			
Email:	Primary	Secondary	
Phone:	Cell	Home	Work
Physical Address:	Street # and Name	City	State Zip
Mailing Address:	P.O. Box	City	State Zip

Additional Owner's Name:			
Email:	Primary	Secondary	
Phone:	Cell	Home	Work
Physical Address:	Street # and Name	City	State Zip
Mailing Address:	P.O. Box	City	State Zip

Additional Information:

Is there a Home Warranty? Yes or No

If so, provide details:	Warranty Company	Contact Information
	Additional Information	

Are there any warranties for any appliances that we should be aware of? Yes or No

If so, please list:	Appliance	Warranty Information
	Appliance	Warranty Information

Are there any particular vendors (companies) that you request we use for maintenance and/or repairs? Yes or No

If so, please list:	Company	Contact Information
	Company	Contact Information

Is there a Homeowner's/Condominium Association (HOA/COA)? Yes or No

Be sure to provide Full Service Property Management with all rules, regulations, declarations, covenants, amendments, etc. of the HOA/COA that define the expectations of tenants - as they are required to follow the same expectations as homeowners.

If so, please provide information	Name of HOA/COA:		
	Name of Contact Person:	Phone:	Email:
	Application Fee:	Any additional HOA information:	

Gated Community? Yes or No **Gate Code:**

How would you like to receive your money? Deposit or Mail If Deposit, you will need to provide FSPM with deposit slips prior to the first deposit

Current Homeowner's Insurance Agency

Contact Person @ Agency **Contact Number**