



OWNER QUESTIONNAIRE

Personal Information:

Name: _____ DOB: _____

Social Security Number (for 1099M): _____

Cell Phone: _____ Work Phone: _____

Email: _____ Driver's License #: _____ State: _____

Name(spouse/partner): _____ DOB: _____

Social Security Number (for 1099M): _____

Cell Phone: _____ Work Phone: _____

Email: _____ Driver's License #: _____ State: _____

Owner Mailing Address:

Mailing Address: _____

City: _____ State: _____ Zip: _____

In case of an emergency:

Emergency contact: _____

Cell Phone: _____ Work Phone: _____

E-mail: _____



Insurance Information:

Insurance Co: _____ Policy number: _____

Insurance Agent: _____ Expiration Date: _____

Cell phone: _____ Office phone: _____

Check type of coverage:

Fire Flood Wind Other: _____

Home Warranty:

Home Warranty Company: _____ Plan number: _____

Website: _____ Contact number: _____

Effective Date: _____ Expiration Date: _____

Home Owners Association:

Home Owners Association: _____ Contact person: _____

Website: _____ Phone number: _____

Gate code: _____

Owner Statements:

- Mail to owner
- E-mail to owner
- Online Portal

Owner Payments:

- By Mail
- Electronic Payment (Form attached)

Third party pictures after move out

Pictures are taken after every tenant to avoid any deposit dispute for \$95

Signature: _____ Date: _____

Signature: _____ Date: _____
