



## NEW CLIENT MANAGEMENT APPLICATION

### CLIENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	SOCIAL SECURITY NUMBER		
PRESENT ADDRESS		CITY	STATE	ZIP CODE	
HOME PHONE	WORK PHONE		CELL PHONE		
EMAIL ADDRESS					

### SPOUSE / PARTNER INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	SOCIAL SECURITY NUMBER		
PRESENT ADDRESS		CITY	STATE	ZIP CODE	
HOME PHONE	WORK PHONE		CELL PHONE		
EMAIL ADDRESS					

### MONTHLY ACCOUNT STATEMENT

☐ Please mail a paper copy of my statement to the following street address:  
**STREET ADDRESS:** \_\_\_\_\_

☐ **NOTE:** If you have an investment partner(s) who requires a separate monthly property statement and is entitled to receive a portion of the owner proceeds, please check this box and fill out separate forms for each partner.

### OWNER WITHDRAW OPTIONS

If it is necessary for you to receive your owner proceeds as early as possible, we will make a special effort to do so. However, please understand that Pennsylvania law requires that we must receive the rent check(s) and wait a few days to ensure that the tenant's check(s) has cleared before we can issue your owner proceeds. We do our best to issue and mail owner proceeds depending on the needs of the individual owners.

**If you wish, we can send your owner proceeds directly to your bank (this can save you time and effort.)**

<input type="checkbox"/>	NO, do not send owner proceeds to my bank. Send them to the address above.	
<input type="checkbox"/>	YES, please send owner proceeds to my bank (fill in the blanks below).	
NAME OF YOUR BANK	BRANCH OR ADDRESS	ACCOUNT NUMBER
<b>NOTE:</b> If in the future there are any changes in the information on this completed form, please notify Onyx Management Group in writing as soon as possible. THANK YOU.		

## UTILITIES

### LANDSCAPING, SNOW REMOVAL, POOL SERVICE

Owner pays.

Tenant pays.

### UTILITIES: WATER

Owner pays.

Tenant pays.

### UTILITIES: ELECTRICITY

Owner pays.

Tenant pays.

### UTILITIES: GAS

Owner pays.

Tenant pays.

### OTHER: ASSOCIATION/CONDO FEE

Owner pays.

Tenant pays.

### RENTAL PROPERTY INFORMATION

RENTAL ADDRESS

CITY

STATE

ZIP CODE

CROSS STREETS

TYPE      Single Family Residence      Condo      Townhome      Duplex      Other: \_\_\_\_\_

Is this property attached or detached?      Attached      Detached

How many stories is this home/ unit?      1      2      3

Is the unit located upstairs or downstairs?      Downstairs      Upstairs      Basement Yes \_\_\_\_ Finished \_\_ Unfinished \_\_  
No \_\_\_\_

SQUARE FEET      YEAR BUILT      LOT SIZE      SCHOOL DISTRICT

Is the rental located in a gated community?      Yes      No      Rent-To-Own: Yes \_\_\_\_ No \_\_\_\_

### GARAGE / PARKING INFORMATION

Is there a garage?      Yes      No      What size garage?      1-car      2-car      3-car      4-car

Is the garage attached?      Yes      No      Are there any remote openers?      Yes      No      If so, how many?

Is there a carport?      Yes      No      Is the carport covered?      Yes      No      Is there RV parking?      Yes      No

Are there any assigned spaces?      Yes      No      How many?      Are they covered?      Yes      No

Additional parking information:

### ROOMS

BEDROOMS:      1      2      3      4      5      LIVING ROOM:      Yes      No      KITCHEN:      Yes      No

FULL BATHS:      1      2      3      4      ¾ BATHS:      1/2BATHS:      1/4BATHS:

<b>DINING INFO:</b> Check all that apply	Dining room	Formal dining room	Kitchen/dining combo	Breakfast nook	Counter/bar
<b>ADDITIONAL ROOMS:</b> Check all that apply	Family room	Den	Bonus room	Great room	Office
	Loft		Sunroom	Other:	

<b>FIREPLACE:</b> Yes No	<b>TYPE:</b> Gas Electric Wood burning	<b>LOCATION:</b>
<b>WASHER &amp; DRYER HOOK-UPS:</b> Yes No	<b>LOCATION:</b>	<b>TYPE:</b> Gas Electric
<b>WASHER &amp; DRYER IN UNIT:</b> Yes No	Who is responsible for maintaining the washer/dryer? Owner Tenant	
Is there a community laundry room? Yes No Spa/Jacuzzi Yes No		

### FLOORING

Check all that apply	<input type="checkbox"/> Carpet	Location: _____
	<input type="checkbox"/> Vinyl tile	Location: _____
	<input type="checkbox"/> Wood flooring	Location: _____
	<input type="checkbox"/> Pergo	Location: _____
	<input type="checkbox"/> Ceramic tile	Location: _____
	<input type="checkbox"/> Other:	Location: _____

<b>SWIMMING POOL YES NO</b>		Is this a private spa located at a single family residence? Yes No	
<b>SPA / J A C U Z Z I:</b> Yes No			
<b>ADDITIONAL AMENITIES:</b> Check all that apply	Tennis court	Clubhouse	Fitness Center Gym BBQ
	Laundry	Golf course	Business Center Playground Lake

### KITCHEN INFO

<b>KITCHEN INFO:</b> Check all that apply	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Range Oven	Is the range gas or electric? <input type="checkbox"/> Gas <input type="checkbox"/> Electric
	<input type="checkbox"/> Microwave	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Island	<input type="checkbox"/> Trash compactor <input type="checkbox"/> Granite countertops
Who is responsible for maintaining the kitchen appliances? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
Additional kitchen information: _____				

### OUTDOOR AREAS

Please indicate which outdoor area(s) the property has:				
<input type="checkbox"/> Backyard	<input type="checkbox"/> Patio	<input type="checkbox"/> Balcony		
Is the backyard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the patio covered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>COOLING</b>	<input type="checkbox"/> Central	<input type="checkbox"/> Wall unit	<input type="checkbox"/> Other: _____	
<b>HEATING</b>	<input type="checkbox"/> Central	<input type="checkbox"/> Forced air	<input type="checkbox"/> Electric	<input type="checkbox"/> Other: _____
Does the home have any ceiling fans? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, how many? _____				



If your property is covered by a HOME WARRANTY please provide the information below (i.e. copy of Home Warranty Policy)

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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Please use the area below to tell us about anything you feel might be important, so that we will be better able to manage your property.

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FOR OMG OFFICE USE ONLY

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