

Property Management Information Sheet-DC (Addendum to Property Management Agreement)

Rental Property Address _____

OWNER INFORMATION

Forwarding Address: _____

Phone No.: (h) _____ (w) _____ (c) _____

Location & Time Difference: _____

E-mail Address: (primary) _____ (back-up) _____

Emergency Contact Name: _____ Relationship _____

Address: _____ Phone: (h) _____ (w) _____

Property Insurance: Company: _____ Agent Phone: _____

"Meet the Neighbor" Name(s): _____ Phone Number: _____

Neighbor's Address: _____

PROPERTY INFORMATION

- Mail box #: _____ Parking space(s) _____ Permits required? Yes No
- HVAC: Gas Elec Oil Forced Air Heat pump Radiant Convector Last Serviced? _____
- AC: Heat pump Electric Window Unit(s) _____ Last Serviced? _____
- Hot Water Heater: Elec: Gas
- What utilities are included? _____
- Trash pick-up days? _____ Recycle days? _____
- Ever had termites? Yes No. When was your home last inspected and/or treated for termites? _____
- Fireplace(s) Last inspected and cleaned? _____ By: _____
- Type of Fireplace: Wood-burning Gas-burning Wood Stove

DISCLOSURES

- Landlord will ___ or will not ___ permit smokers.
- Landlord will ___ or will not ___ permit pets. Case by case ___. Restrictions _____
- Landlord will ___ or will not ___ require a Transfer Clause with 60 days notice to tenant to vacate the premises.
- Landlord is ___ or is not ___ a licensed real estate agent.
- Landlord will consider a maximum of ___ incomes to qualify and a maximum of ___ unrelated adults.
- Landlord is ___ or is not ___ exempt from The Rental Housing Act (rent control)
- Landlord is responsible for obtaining: 1) Basic Business License, 2) Office of Tax & Revenue Registration, 3) Rent Control Registration, 4) Occupancy permit if required, and, 5) any other requirements of the District of Columbia.
- Property is ___ or is not ___ subject to an existing lease.
- Property is available for occupancy on _____.
- Are there any visible signs of mold/mildew? Yes No If yes, where? _____
- Has there been any history of water leakage/flooding in the Premises? If yes, where & what was done to cure the problem?

- Landlord agrees that all existing window coverings, garden tools, furniture, stored items, and other chattels left by Landlord convey in as-is condition and are left at landlord's risk. Landlord agrees to hold Agent harmless for loss/damage to any of these items. Landlord shall remove all grills, fuel-powered equipment, ladders, swing sets, and playground equipment from the Premises prior to leasing.
- If Property is serviced by Dominion Virginia Power and/or Washington Gas Landlord agrees to contact said utility companies for their "Revert to Owner" program that automatically converts utilities back into the Landlord's name during any vacant periods. Landlord should instruct said utility companies to have all bills sent to PROMAX Management.

FIXTURE AND APPLIANCES

Yes	No	As-Is		Yes	No	As-Is		Yes	No	As-Is	
<input type="checkbox"/>	<input type="checkbox"/>		Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furnace Humidifier	<input type="checkbox"/>	<input type="checkbox"/>		Garage Opener
<input type="checkbox"/>	<input type="checkbox"/>		Cooktop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Filter	<input type="checkbox"/>	<input type="checkbox"/>		Remote(s) # ___
<input type="checkbox"/>	<input type="checkbox"/>		Wall Oven(s) # ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer	<input type="checkbox"/>	<input type="checkbox"/>		Smoke Alarms
<input type="checkbox"/>	<input type="checkbox"/>		Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dryer	<input type="checkbox"/>	<input type="checkbox"/>		CO Alarm
<input type="checkbox"/>	<input type="checkbox"/>		Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window AC Unit(s) # ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shades/Blinds
<input type="checkbox"/>	<input type="checkbox"/>		Ice Maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drapes/Curtains
<input type="checkbox"/>	<input type="checkbox"/>		Exhaust Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whirlpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic Fan
<input type="checkbox"/>	<input type="checkbox"/>		Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fans(s) # ___	<u>Landlord Has Provided</u>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>		HOA Rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extra Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alarm System	<input type="checkbox"/>	<input type="checkbox"/>		Appliance Info
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extra Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom	<input type="checkbox"/>	<input type="checkbox"/>		Parking Pass

MAINTENANCE AND CARE

PROMAX requires, and at owner's expense, that all:

- HVAC be under a Service Contract Plan. PROMAX to select plan unless Landlord has existing plan. Acknowledged
 - Wood burning fireplaces inspected prior to each seasonal use Acknowledged
- (Tenants are responsible for a cleaning receipt at lease end and at their cost)

Customized

EXISTING SERVICE CONTRACTS/WARRANTIES (PLEASE PROVIDE COPIES)

HVAC _____ Telephone _____ Expires _____ Renew Yes No

Lawn _____ Telephone _____ Expires _____ Renew Yes No

Termite _____ Telephone _____ Expires _____ Renew Yes No

Home Warranty _____ Telephone _____ Expires _____ Renew Yes No

*Agent shall call owner's contractors whenever possible, but in no event Agent be held liable should Agent fail to do so.

DISBURSEMENT OF FUNDS

Send proceeds to Owner's address. Mail proceeds to bank. Deposit proceeds electronically to bank. Hold all proceeds.

Bank Name/Address _____ Account #: _____

Bank Routing Number: _____ (A voided check would be appreciated).

FIRST MORTGAGE. Is PROMAX to pay? Yes- Start payment on: _____ No.

Payment: \$ _____ Lender: _____ Phone: _____ Loan # _____

HOA/CONDO FEE: Disbursed by agent? Yes N. Name: _____

Start: _____ Amount: \$ _____ Frequency: Monthly Quarterly Yearly

*PROMAX is not liable for the decimation of or deliver of Association newsletters, bulletins, or any other information received with regards to the Association to the Landlord. It is recommend that Landlord provide the Association with a forwarding address for this purpose and/or visit the web site for the Association.

TAXES. Disbursed by agent? Yes No. **INSURANCE:** Disbursed by agent? Yes No.

Pay to: _____ Pay to: _____

By Ronald L. Riddell, President, PROMAX Mgt Inc,

Landlord Signature Date

Signature Date

Landlord Signature Date

