



New Property Information Sheet

Property Address: _____

Owner Name(s) _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail: _____

Property Description

Sq. Ft. _____

Year Built _____

Circle one:

SFH TH Condo Duplex Multi-unit Apartment in house

Bedrooms _____ # Baths _____ # 1/2 Baths _____ # Floors _____

Desired Monthly Rent Rate: _____

Would you consider a 'rent to own' option? (Circle) Yes No

Is this this an investment property or a home you plan to return to? _____

If you plan to return what year do you plan on coming back? _____

Do you allow pets? (Circle) Yes No

If YES list any and all limitations _____

Garage: (Circle all that apply) Yes No Attached # of spaces: 1 2 3 4

Carport: (Circle all that apply) Yes No Attached # of space: 1 2 3 4

Reserved Parking: Yes No # of spaces _____ Location _____ Other Parking: Yes No

Location: _____

What is the method of assignment/reserved space: _____ Fees _____

Storage Unit: (circle all that apply) Yes No Attached Detached Location or # _____ Key required? Yes No

Detached Building: Yes No Location _____ Key Required? Yes No

Mailbox: (circle all that apply): No key required • Community Kiosk (key required) Mailbox # _____ Location _____

Appliances: (circle all that apply) Refrigerator • Ice Maker • Built in Microwave • Free Standing Microwave • Dishwasher • Trash Compactor • Washer • Electric Dryer • Gas Dryer • Disposal • Gas Stove • Electric Stove • Self Cleaning Oven • Gas Oven • Electric Oven • Convection Oven • Other _____

Exterior: (circle all that apply): Patio • Deck • Screened Porch • Fenced yard • Screens on all windows • Gutters • Other _____

List any special features of your property _____

Fireplace Location(s) _____ (circle all that apply) Wood-burning • Gas Logs • Date last cleaned ___/___/___

Heating Source: (circle all that apply) Natural Gas • Propane • Electric

Heat Type: (circle all that apply) Gas Pack • Heat Pump • Strip/Floor • Forced Air • Dual Zone • Hydronics • Radiator • Wall • Other _____

Air conditioning: (circle all that apply) Central Air • Heat Pump • Dual Zone • Wall Unit • Window Units • Qty _____

Water Heater: (circle all that apply) Gas • Electric • **Water Heater Location(s)** _____ **Sump Pump:** Yes No

Water Shut-Off Location: _____ **Breaker box Location:** _____

Carbon Monoxide Detector Location _____ or N/A **Smoke Detector Locations:** _____

Filter Sizes & Location(s): _____ and _____ and _____

Community Features

Pool: (circle all that apply) None • Included In Rent • Available to Join • Fees _____ Pass, Key or code required _____

Exercise Facility: (circle all that apply) None • Included In Rent • Available to Join • Fees _____ Pass, Key or code required _____

Golf Facility: (circle all that apply) None • Included In Rent • Available to Join • Fees _____ Pass, Key or code required _____

Tennis Facility: (circle all that apply) None • Included In Rent • Available to Join • Fees _____ Pass, Key or code required _____

Community play area: No Yes **Other community features Available:** _____

Utility Information

Circle all services that are INCLUDED in rent: Electric • Gas • Water • Sewer • Garbage Service • Security Monitoring Service

Electric Co.: _____ **Gas Co.:** _____ **Telephone co.:** _____

Water: (circle one) City • Private • Well* **Company:** _____
*If Well, is there a water filtration system? (circle one) Yes No Location _____

Sewer: (circle one) City • Private • Septic* **Company:** _____
*If Septic, date last pumped _____ * Type of Septic System: _____

Heating Oil/Gas Propane Co.: _____ Telephone #: _____ Size of Tank: _____ Own or Rent? _____

Cable Television: Available? (circle one) Yes No

Is Satellite dish Installation Acceptable? (circle one) Yes No Satellite dish is already installed at property

Property Administration

Insurance: Company _____ Agent _____ Telephone# _____

Home Warranty: (circle one) Yes No Company _____ Telephone# _____

Warranty# _____ Expiration date of Warranty Coverage: ____/____/____

Home Owners Association or Condo Association? Yes No **If yes, HOA information section MUST be completed**

Is grass mowing included in rent? (circle one) Yes No **If yes, who provides?** (circle one) HOA Owner

If owner: Lawn service provider/company: _____ Telephone#: _____
Cleaning gutters, raking leaves, trimming shrubs, caring for flowers are NOT the tenant's responsibility

Irrigation system: Yes No Service Company _____ Telephone# _____

Current Property Management Company: _____ Telephone# _____

Home Owners Association Information

If you do not have an HOA /COA, you do not need to complete this section

Home Owners or Condo Association: _____ Telephone#: _____

HOA/COA Management company: _____ Telephone #: _____

HOA/COA Address: _____
(please include Street, Avenue, Etc.) City State Zip Code

Website where information or documents can be retrieved _____

You must provide MHP with HOA/COA Rules and Regulations or other relevant documentation

Will MHP pay your dues? (circle one) Yes No If yes, Amount \$ _____ (circle one) Yearly monthly Begin date: ____/____/____

Circle all that are covered by the HOA: Gutter Cleaning • Garage Doors • Lawn Care • Extermination • Water/sewer • Exterior Maintenance and/or Cleaning • Other