



2812 North Main Street
Anderson, South Carolina. 29621
Office: (864)-224-2536
Fax: (864)-224-9547
Toll Free: (866)-239-3099
Web Address: www.andersonpm.com
Email Address: apm@andersonpm.com

Owner's Property Management Renewal Contract

Owners Name: _____ Date: _____

Co-Owners Name: _____, Date: _____

Owners Address: _____

Rental Property Address: _____

City: _____, State: _____, Zip Code: _____

RENTAL RATE ADJUSTMENT REQUEST : Optional only, if no changes desired, leave blank, sign and return.

Request for a rental rate adjustment of \$ _____. Earliest date the adjustment can be implemented due to the lease rental agreement is **DATE:** _____.

CONTRACT TERMS; WILL COMMENCE ON _____

1. This is a _____ contract. This contract must be terminated in writing 30 days before its expiration date or it automatically renews for an additional year. Any additions, stipulations or deletions must be submitted in writing with this renewal so that they may become an addendum to property management contract and will be place in your permanent file.
2. **NOTICE:** Owners are required to give a **30 day written** notice prior to the expiration date of the management contract in order to terminate the management agreement. Notice will start the first day of the following month and end the last day of that month.

NOTICE TO ALL OWNERS:

When renewing your contract you are hereby notified that you are accepting the terms and conditions of the most current Owners Property Management Agreement and will adhere to any changes contained therein. Furthermore by signing below, you acknowledge you have reviewed a blank copy of the most up to date contract at www.andersonpm.com contained within the owners section of the APM web page and any question about the contract has been answered to your satisfaction by a licensed property manager with APM.

Owners Signatures; _____

Date: _____

Witness; _____ Date _____

If you have already provided this information and no changes are needed skip this page. If you have changes only complete those blocks applicable. If you are not sure please complete as this is necessary information vital to our personal records concerning our management agreement with you.

Verification Page

1. Verify Mortgage Holder: _____ Phone # _____
Company _____
2. Verify Insurance Carrier _____
Policy # _____
Agent: _____ Phone # _____
Is Anderson Property Management listed as "Additional Insured" yes or no? _____
3. Contact Person: _____
4. Contact Phone Numbers: _____, or _____
5. Email Address: _____
6. Verify Tax ID or SSN: _____
7. Power of Attorney if Applicable: _____
8. Phone # _____

SIGNATURE PAGE

OWNERS SIGNATURE _____ Date _____

BROKERS SIGNATURE: _____ Date _____

NOTARY _____ Commission Expires _____

Date _____