

DISBURSEMENTS

If The Rental Office Inc. will be paying your mortgage or homeowners association dues, please provide any payment book or coupons you have. Also, contact your mortgage company or homeowners association to advise them to send all future coupon books or payment changes to our office. These items will be paid only when sufficient funds are available in your reserve account. We will attempt to contact you if we do not have sufficient funds to pay any of the listed items. However, we assume no liability for any items which are not paid.

OWNER PROCEEDS: How Do You Want Your Monthly Rent Proceeds Disbursed?

G CHECK, Payable To: _____

G DEPOSIT into My Checking Account **(Please complete the attached ACH Authorization Form and attach a voided check)**

G ACCUMULATE \$ _____ Per Month in My Account at The Rental Office Inc. Toward Future Maintenance Expenses

G MORTGAGE: If The Rental Office Inc. will be paying your mortgage, please provide payment information in the space below.

Institution _____ Acct # _____ **G** N/A

Phone # _____ Payment \$ _____ per _____

G HOMEOWNERS ASSOCIATION: If The Rental Office Inc. will be paying your dues, please provide payment information in the space below.

Institution _____ Acct # _____ **G** N/A

Phone # _____ Payment \$ _____ per _____

G CONDOMINIUM ASSOCIATION: If The Rental Office Inc. will be paying your dues, please provide payment information in the space below.

Institution _____ Acct # _____ **G** N/A

Phone # _____ Payment \$ _____ per _____

G OTHER: Please provide payment information on any other recurring charge you wish The Rental Office Inc. to pay, such as Termite Contract.

Institution _____ Acct # _____ **G** N/A

Phone # _____ Payment \$ _____ per _____

G OTHER: Please provide payment information on any other recurring charge you wish The Rental Office Inc. to pay, such as Insurance or Taxes.

Institution _____ Acct # _____ **G** N/A

Phone # _____ Payment \$ _____ per _____

Initial Here:

HOUSEHOLD INVENTORY

Please provide information on the household appliances which will remain in the property. Check the box next to each item which will remain. Also, please check "yes" or "no" to indicate which appliances, if any, are covered under a manufacturer's warranty or home warranty plan, then list the specific warranty information in the following section.

APPLIANCES (Circle All That Apply)	BRAND	MODEL #	COLOR	APPROX. AGE	Under Warranty?	Waranty Co.	Phone Number	Warranty Expires
<input type="checkbox"/> Refrigerator	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Icemaker, If any	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Dishwasher	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Stove, Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Washer	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Dryer, Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Built-in Microwave	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Garbage Disposal	_____	_____	N/A	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Trash Compactor	_____	_____	N/A	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Water Heater, Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	_____	_____	N/A	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Hot Tub/Jacuzzi	_____	_____	N/A	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Garage Door Opener	_____	_____	N/A	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Security System	_____	_____	N/A	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Window Air Condition Unit	_____	_____	N/A	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Central Air Condition	_____	_____	N/A	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
<input type="checkbox"/> Heat, Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil	_____	_____	N/A	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
What size are the air filter(s)?	x x 1	x x 1	Where are air filter(s) located?		<input type="checkbox"/> In Unit	<input type="checkbox"/> In Ceiling / Wall	_____	_____
Other _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

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HOUSEHOLD ITEM	OFFICE USE ONLY
_____ # of Blinds _____ # of Drapes _____ # of Ceiling Fans Electrical System: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Fireplace: <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Wood-burning stove <input type="checkbox"/> Well / Pump <input type="checkbox"/> Central Vacuum <input type="checkbox"/> In-Ground Pool <input type="checkbox"/> Above-Ground Pool <input type="checkbox"/> Alarm System, Monitoring Company:	Phone # _____ Alarm Code: _____

PROPERTY FEATURE SHEET				
_____ # Bedrooms	Square Feet: _____	<input type="checkbox"/> Garage: ___ cars	<input type="checkbox"/> Wooded lot	<input type="checkbox"/> End Unit
_____ # Bathrooms	<input type="checkbox"/> Eat-In Kitchen	<input type="checkbox"/> Deck	<input type="checkbox"/> Waterfront	<input type="checkbox"/> Corner Unit
_____ # Stories	<input type="checkbox"/> Formal Dining Room	<input type="checkbox"/> Patio	<input type="checkbox"/> Water view	<input type="checkbox"/> 1st Story
<input type="checkbox"/> Community Pool	<input type="checkbox"/> Formal Living Room	<input type="checkbox"/> Fenced	<input type="checkbox"/> Bayfront	<input type="checkbox"/> 2nd Story
<input type="checkbox"/> Community Tennis Court	<input type="checkbox"/> Family Room / Den	<input type="checkbox"/> Partially Fenced	<input type="checkbox"/> Creek / Other	<input type="checkbox"/> Vinyl Siding
<input type="checkbox"/> Community Clubhouse	Style: _____	Fence Type: _____	<input type="checkbox"/> Lake front	<input type="checkbox"/> Wood Siding
<input type="checkbox"/> Community Playground	<input type="checkbox"/> Crawl	<input type="checkbox"/> Shed	<input type="checkbox"/> Oceanfront	<input type="checkbox"/> Brick Exterior
<input type="checkbox"/> Grounds Maintenance	<input type="checkbox"/> Slab	<input type="checkbox"/> Enclosed Porch	<input type="checkbox"/> River front	<input type="checkbox"/> Other Siding
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Initial Here:

HOUSING DISCLOSURE

Has the roof leaked in the past two years? Yes _____ No _____

What roof repairs, if any, have been made within the past two years? _____

Has the plumbing backed up within the past two years? Yes _____ No _____

Are Quest Pipes or Polybutelene Pipes Present? Yes _____ No _____

What plumbing repairs, if any, have been made within the past two years? _____

Has the heating or cooling systems required service within the past two years? Yes _____ No _____

What heating or cooling repairs, if any, have been made within the past two years? _____

Is the fireplace in working condition? Yes _____ No _____

When was it last repaired, serviced or cleaned? _____

If you have a pool, how old is the pool liner? _____ How old is the pool cover? _____ How old is the pump? _____

When was the pool last professionally serviced? _____

Are any storm windows or screens missing? Yes _____ No _____

If so, how many storm windows are missing? _____ How many screens are missing? _____

Is there insulation in the ceiling/ attic? Unknown _____ Yes _____ No _____

Is there insulation in the walls? Unknown _____ Yes _____ No _____

What are your average utility bills for: Summer Winter

Electricity _____

Natural Gas _____

Fuel Oil _____

Are any appliances, fans, fixtures, or electrical outlets or systems in need of repair? Yes _____ No _____

What repairs, if any, have been made within the past two years? _____

WARRANTY OF INFORMATION BY LANDLORD / RELEASE OF LIABILITY

Owner and Agent agree that this Property Information Sheet and the Landlord Information Sheet is attached to and forms an integral part of the management agreement. Owner acknowledges that he has read the above information and certifies that it is true and accurate to the best of his knowledge. Agent is authorized to rely on the information provided, and Owner agrees to indemnify and hold Agent harmless for any injury resulting from reliance on this information. Furthermore, if Owner knowing or willfully provides false information to Agent, on this form or elsewhere, such action shall constitute a material breach of the agreement between Owner and Agent.

Landlord Signature Date

The Rental Office Inc.

Landlord Signature Date

by _____ Agent Date