



AZARI

PROPERTY MANAGEMENT

Licensed Real Estate Broker/Property Manager RENTAL PROPERTY INFORMATION QUESTIONNAIRE

Desire Rental Rate \$ _____
Date Available _____

_____, _____, _____, _____
Property Address City State Zip Code

GENERAL PROPERTY INFORMATION:

Type of Rental: (Please Circle) House Condo Townhouse Mobile Home Duplex Triplex Four-plex

Sq. Ft. _____ Bedrooms _____ Baths _____ Stories _____ Year built _____

Home under warranty: Yes No

If yes please provide necessary information: _____

Pets Allowed: Yes No Type: _____ Smokers Allowed: Yes No

Is the property subject to any pending legal action or foreclosure? Yes No

Property under any Government City/County restrictions (like Ellis Act, BMR): Yes No

If so explain: _____

Is Property Governed by an Association: Yes No

If yes, Association Name: _____ Assn. Phone: _____

Assn Contact Person: _____ HOA Move-In Fees: Yes No Amount: _____

Special HOA Move-In Procedures: _____

*Copy of CC&R's/Rules & Regulations: Yes No (We must provide a copy for prospective tenant-soft copy preferable)

Insurance Company: _____ Policy No. _____

Agent: _____ Phone No. _____

Fireplaces: Yes No Location _____ Last Svcd. _____

Gated Community: Yes No Code: _____ Guarded: Yes No

Is there a community pool: Yes No Spa: Yes No Recreational Facility: Yes No (Include keys if applicable)

Is there a private pool: Yes No Spa Pool Service Included: Yes No

Mailbox # _____ (Please include keys if applicable)

*Storage Areas: Yes No If yes, please explain where: _____

Type of Flooring: Hardwood Concrete Title Other: _____

*If applicable please explain care of flooring: _____

Parking: (Please circle)

1 Car Garage 2 Car Garage 3 Car Garage Covered Parking Carport Other: _____

Assigned Spot # or area: _____ Other: _____

Garage Door Opener: Yes No Location of Remotes _____ How many: _____ Code (if applicable) #: _____

Landscaping: (Please circle)

Front yard: Grass Desert None Other: _____

Backyard: Grass Desert None Other: _____

Is front yard fully fenced: Yes No Is back yard fully fenced: Yes No

Services included- Gardener: Yes No Other: _____

Sprinklers: Yes No Location of shut off: _____

Appliances: (Please circle)

Refrigerator: Normal Side-by-Side Side-by-Side w/ water & ice Other: _____

Stove: Yes No (Gas or Electric) **Microwave:** Yes No

Dish washer: Yes No **Disposal:** Yes No **Compactor:** Yes No

Washer: Yes No **Dryer:** Yes No (Gas or Electric)

Hook ups: Gas or Electric

Operable Smoke Detectors: Yes No How many/location(s)? _____

Carbon Monoxide Detector? Yes No Location: _____

Security Alarm (if applicable): Yes No Company _____ Phone _____

Main Water Turnoff Location: _____ Location of GFI Reset: _____

Upon finding a tenant (s):

Utilities: (Please circle)

PG&E: Owner Tenant

Garbage: Owner Tenant *Pick Up Day: _____

Water: Owner Tenant

Gardener: Owner Tenant

Cable: Owner Tenant

Internet: Owner Tenant

Any allocation or proration of utilities: _____

Existing Tenant (if any):

Name: _____ Phone: _____ Email: _____

* Please list any additional information or conditions affecting the property that the prospective tenant should know:

* Please list any unusual/additional lease terms/conditions you would like to have imposed to the prospective tenant:

Emergency Contact (other than Owner):

Name: _____ Phone: _____ Relationship: _____

E-mail: _____