

Dowda Realty, Inc.
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PROPERTY SET UP SHEET

Please, complete the following information, to the best of your ability. This information will be used to provide services to you, tenants, and for advertising. If there is additional information or specific information not included, please write it out.

<u>Owner information:</u>	Primary Owner's	Secondary owners'
Name:		
Owners Tax ID (SSN) #:		
Address:	_____ _____	_____ _____
Home phone:		
Work phone:		
Fax phone:		
Cellular:		
Message:		
E-mail:		
Other:		

Owners status:

- Single property owner Multiple property owner

Ownership type:

- Individual Joint Tenants Partnership Corporation

Property Management Services:

- Full service Place Tenant only

PROPERTY INFORMATION

ADDRESS:	
County/Parish:	Country:
COMMUNITY INFORMATION:	
Subdivision Name :	
Planned Community Name :	
Location information (N,S,E,W):	

DIRECTIONS:	
Driving directions:	
GENERAL DESCRIPTION:	
Number of Bedrooms:	
Number of Bathrooms:	
Total interior Square Feet:	
Total finished Square Feet:	
PLEASE MARK ALL THAT APPLY:	
SPECIFIC DESCRIPTION:	
<input type="checkbox"/> Description of Bathrooms :	<input type="checkbox"/> Dimensions of Bedroom 3:
<input type="checkbox"/> Dimensions of Bedroom 1:	<input type="checkbox"/> Dimensions of Bedroom 4:
<input type="checkbox"/> Dimensions of Bedroom 2:	<input type="checkbox"/> Dimensions of Bedroom 5:
ROOM DIMENSIONS:	
<input type="checkbox"/> Dimensions of Living Room	<input type="checkbox"/> Dimensions of Kitchen
<input type="checkbox"/> Dimensions of Dining Room	<input type="checkbox"/> Dimensions of Den
<input type="checkbox"/> Dimensions of Family Room	<input type="checkbox"/> Dimensions of Other Room
LOT INFORMATION:	
<input type="checkbox"/> Total Sq Ft Under Roof	<input type="checkbox"/> Storage shed:
<input type="checkbox"/> Lot Sq Ft	<input type="checkbox"/> Crawl space:
<input type="checkbox"/> Lot Acres	<input type="checkbox"/> Storage closet:
<input type="checkbox"/> Storage space:	<input type="checkbox"/> Other storage:
BUILDING INFORMATION:	
<input type="checkbox"/> Year Built	<input type="checkbox"/> Builder Name
Color scheme:	
DATE AVAILABLE:	
TENANT FEES:	
(Requested) Monthly Rent : \$	
Minimum acceptable Rent: \$	
SCHOOL INFORMATION:	
School District:	
<input type="checkbox"/> Elementary School	<input type="checkbox"/> High School
<input type="checkbox"/> Jr. High School	
HOME TYPE:	
<input type="checkbox"/> Single family	<input type="checkbox"/> Mobile home
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Manufactured home
<input type="checkbox"/> Condo	<input type="checkbox"/> Apartment
<input type="checkbox"/> Patio home	<input type="checkbox"/> Suite
<input type="checkbox"/> Duplex	<input type="checkbox"/> Flat
<input type="checkbox"/> Four-plex	<input type="checkbox"/> Other / see remarks
HOME ARCHITECTURE:	
<input type="checkbox"/> Single-level	<input type="checkbox"/> Ranch
<input type="checkbox"/> Multi-level	<input type="checkbox"/> Cape cod
<input type="checkbox"/> Traditional	<input type="checkbox"/> Fully finished basement
<input type="checkbox"/> Contemporary	<input type="checkbox"/> Unfinished basement
<input type="checkbox"/> Colonial	<input type="checkbox"/> Spanish
<input type="checkbox"/> Victorian	<input type="checkbox"/> Other / see remarks
HOME CONSTRUCTION:	
<input type="checkbox"/> Block	<input type="checkbox"/> Steel frame
<input type="checkbox"/> Brick	<input type="checkbox"/> Other / see remarks
<input type="checkbox"/> Wood frame	
HOME EXTERIOR FINISH:	

<input type="checkbox"/> Wood	<input type="checkbox"/> Stone
<input type="checkbox"/> Stucco	<input type="checkbox"/> Siding
<input type="checkbox"/> Brick trim	<input type="checkbox"/> Other / see remarks
HOME STYLE:	
<input type="checkbox"/> Detached	<input type="checkbox"/> Row housing
<input type="checkbox"/> 2/3/4 plex	<input type="checkbox"/> High rise
<input type="checkbox"/> Clustered	<input type="checkbox"/> Other / see remarks
UNIT STYLE:	
<input type="checkbox"/> All on one level	<input type="checkbox"/> Neighbors above
<input type="checkbox"/> On two levels	<input type="checkbox"/> Neighbors below
<input type="checkbox"/> On three or more levels	<input type="checkbox"/> End unit
<input type="checkbox"/> No common walls	<input type="checkbox"/> Poolside
<input type="checkbox"/> One common wall	<input type="checkbox"/> Ground level
<input type="checkbox"/> Two common walls	<input type="checkbox"/> Other / see remarks
<input type="checkbox"/> Three common walls	
FENCE CONSTRUCTION:	
<input type="checkbox"/> Block	<input type="checkbox"/> RV gate
<input type="checkbox"/> Wood	<input type="checkbox"/> Driveway gate
<input type="checkbox"/> Chain link	<input type="checkbox"/> Electric gate
<input type="checkbox"/> Concrete panel	<input type="checkbox"/> No fence
<input type="checkbox"/> Wire	<input type="checkbox"/> Front yard
<input type="checkbox"/> Partial	<input type="checkbox"/> Back yard
<input type="checkbox"/> None	<input type="checkbox"/> Other / see remarks
ROOF CONSTRUCTION:	
<input type="checkbox"/> Composite shingle	What is the age of the roof? _____ What is the condition of the roof? _____ Are there any leaks, gutter back ups or other problems? ____yes ____no Explain:
<input type="checkbox"/> All tile	
<input type="checkbox"/> Partial tile	
<input type="checkbox"/> Shakes	
<input type="checkbox"/> Metal	
<input type="checkbox"/> Rolled	
<input type="checkbox"/> Concrete	
<input type="checkbox"/> Rock	
<input type="checkbox"/> Foam	
<input type="checkbox"/> Tar	
<input type="checkbox"/> Built up	
<input type="checkbox"/> Other / see remarks	
PROPERTY DETAILS:	
<input type="checkbox"/> Borders preserve / public land	<input type="checkbox"/> Historic district City light views
<input type="checkbox"/> Golf course lot	<input type="checkbox"/> Mountain views
<input type="checkbox"/> Golf course subdivision	<input type="checkbox"/> Gated community
<input type="checkbox"/> Hillside lot	<input type="checkbox"/> Streets not paved
<input type="checkbox"/> Cul-de-sac lot	<input type="checkbox"/> Borders common area
<input type="checkbox"/> Xeriscape front	<input type="checkbox"/> Borders public park
<input type="checkbox"/> Xeriscape back	<input type="checkbox"/> Other / see remarks
<input type="checkbox"/> Private property	
BATHROOM DETAILS:	
<input type="checkbox"/> Full bath (Tub, shower, sink, & toilet)	<input type="checkbox"/> Double sinks
<input type="checkbox"/> ½ bath (Sink, & toilet)	<input type="checkbox"/> Tub with jets
<input type="checkbox"/> ¾ bath (Shower, sink, & toilet)	<input type="checkbox"/> Soaking tub
<input type="checkbox"/> Full master bath	<input type="checkbox"/> Separate shower and tub
<input type="checkbox"/> 2 master baths	<input type="checkbox"/> Other / see remarks
DINING DETAILS:	
<input type="checkbox"/> Formal dining area	<input type="checkbox"/> Breakfast room
<input type="checkbox"/> Dining in living/great room	<input type="checkbox"/> Breakfast bar/nook
<input type="checkbox"/> Dining in family room	<input type="checkbox"/> Other / see remarks
<input type="checkbox"/> Eat-in kitchen	
OTHER ROOMS:	

OTHER ROOMS:

<input type="checkbox"/> Family room	<input type="checkbox"/> Exercise room	
<input type="checkbox"/> Great room	<input type="checkbox"/> Sauna/spa room	
<input type="checkbox"/> Library/den	<input type="checkbox"/> Workshop	
<input type="checkbox"/> Office	<input type="checkbox"/> Detached workshop	
<input type="checkbox"/> Game/rec room	<input type="checkbox"/> Clubhouse	
<input type="checkbox"/> Screened room/lanai	<input type="checkbox"/> Other / see remarks	
<input type="checkbox"/> Loft		
KITCHEN DETAILS:	TYPE	MODEL / SERIAL #
<input type="checkbox"/> Oven/range		
<input type="checkbox"/> Separate oven and range		
<input type="checkbox"/> Two ovens		
<input type="checkbox"/> Refrigerator		
<input type="checkbox"/> Ice maker in fridge		
<input type="checkbox"/> Separate ice maker		
<input type="checkbox"/> Separate freezer		
<input type="checkbox"/> Deep freeze		
<input type="checkbox"/> Built in dishwasher		
<input type="checkbox"/> Portable dishwasher		
<input type="checkbox"/> Microwave		
<input type="checkbox"/> Sink disposal		
<input type="checkbox"/> Trash compactor		
<input type="checkbox"/> Kitchen island		
<input type="checkbox"/> Closet pantry		
<input type="checkbox"/> Walk-in pantry		
<input type="checkbox"/> Other / see remarks		
LAUNDRY DETAILS: :	TYPE	MODEL / SERIAL #
<input type="checkbox"/> Washer Hook-up		
<input type="checkbox"/> Gas dryer Hook-up		
<input type="checkbox"/> Electric dryer Hook-up		
<input type="checkbox"/> Stacked washer/dryer included		
<input type="checkbox"/> Washer and dryer included		
<input type="checkbox"/> Stacked washer/dryer hookup only		
<input type="checkbox"/> Inside laundry		
<input type="checkbox"/> Mud room		
<input type="checkbox"/> Laundry in garage/outside room		
<input type="checkbox"/> Community laundry		
<input type="checkbox"/> Coin operated laundry		
<input type="checkbox"/> No laundry		
Other / see remarks		
BASEMENT & STORAGE		
<input type="checkbox"/> Finished basement	Are there any cracks, leaks, dampness, or bulges in the floor or foundation walls? _____ _____ Has the basement/crawl space ever flooded? _____ _____ Have you ever had a problem or treatment for termites, rot, mold, or mildew? _____ Whom do you prefer provide these services? _____ _____	
<input type="checkbox"/> Unfinished basement		
<input type="checkbox"/> Partly finished		
<input type="checkbox"/> Storage closet		
<input type="checkbox"/> Crawl space		
<input type="checkbox"/> Walk-in attic		
<input type="checkbox"/> Shed		
<input type="checkbox"/> Detached storage		
WINDOW COVERINGS:		
<input type="checkbox"/> Drapes	<input type="checkbox"/> Plastic blinds	
<input type="checkbox"/> Mini-blinds	<input type="checkbox"/> Metal blinds	
<input type="checkbox"/> Vertical blinds	<input type="checkbox"/> Wood shutters	
<input type="checkbox"/> Shutters	<input type="checkbox"/> Metal shutters	
<input type="checkbox"/> Cloth blinds	<input type="checkbox"/> Other / see remarks	
FLOOR COVERINGS:		

<input type="checkbox"/> Carpet (Color _____) <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Vinyl tile <input type="checkbox"/> Vinyl <input type="checkbox"/> Hardwood <input type="checkbox"/> Concrete <input type="checkbox"/> Other / see remarks	Please, explain any special cleaning instruction:
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FIREPLACE DETAILS:	
<input type="checkbox"/> One fireplace <input type="checkbox"/> Two fireplaces <input type="checkbox"/> Fireplace in family room <input type="checkbox"/> Fireplace in living room <input type="checkbox"/> Fireplace in master bedroom <input type="checkbox"/> Two-way fireplace <input type="checkbox"/> Gas fireplace <input type="checkbox"/> Wood burning fireplace <input type="checkbox"/> Freestanding fireplace <input type="checkbox"/> Exterior fireplace <input type="checkbox"/> Firepit <input type="checkbox"/> Wood stove <input type="checkbox"/> Decorative only <input type="checkbox"/> No fireplace <input type="checkbox"/> Other / see remarks	Has service been Adequate? ____yes ____no Explain: Gas: Is there a gas starter: ____yes ____no Where? _____ Wood burning: When was the chimney last cleaned? ___/___/____

POOL DETAILS:	
<input type="checkbox"/> Private pool <input type="checkbox"/> Community pool <input type="checkbox"/> Public pool <input type="checkbox"/> Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Heated pool	<input type="checkbox"/> Play pool <input type="checkbox"/> Lap pool <input type="checkbox"/> Above ground pool <input type="checkbox"/> Fenced pool <input type="checkbox"/> No Pool <input type="checkbox"/> Other / see remarks

SPA / HOT TUB DETAILS:	
<input type="checkbox"/> Private spa <input type="checkbox"/> Private Hot Tub <input type="checkbox"/> Community spa / hot tub <input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor <input type="checkbox"/> Above ground spa / hot tub <input type="checkbox"/> No Spa /Hot tub <input type="checkbox"/> Other / see remarks

INTERIOR FEATURES:	
<input type="checkbox"/> Remodeled <input type="checkbox"/> Skylights <input type="checkbox"/> Vaulted ceilings <input type="checkbox"/> Central vacuum <input type="checkbox"/> Wet bar <input type="checkbox"/> Intercom	<input type="checkbox"/> Fire sprinklers <input type="checkbox"/> Security system <input type="checkbox"/> Cable/satellite TV ready <input type="checkbox"/> High-speed internet ready <input type="checkbox"/> Other / see remarks

EXTERIOR FEATURES:	
<input type="checkbox"/> Private yard / courtyard <input type="checkbox"/> Children's play area <input type="checkbox"/> Yard watering system <input type="checkbox"/> Patio / deck <input type="checkbox"/> Covered patio / deck <input type="checkbox"/> Gazebo / ramada <input type="checkbox"/> Tennis court	<input type="checkbox"/> Racquetball court <input type="checkbox"/> Sport court <input type="checkbox"/> Circular drive <input type="checkbox"/> Private street <input type="checkbox"/> Storage shed <input type="checkbox"/> Other / see remarks

COMMUNITY FEATURES:	
<input type="checkbox"/> Gated community <input type="checkbox"/> Clubhouse <input type="checkbox"/> Playground <input type="checkbox"/> Exercise room <input type="checkbox"/> Common area	<input type="checkbox"/> Tennis court <input type="checkbox"/> Basketball court <input type="checkbox"/> Racquetball court <input type="checkbox"/> Sports court: _____ - <input type="checkbox"/> Other / see remarks

FURNISHING FEATURES:

<input type="checkbox"/> Fully furnished	<input type="checkbox"/> Unfurnished
<input type="checkbox"/> Partially furnished	<input type="checkbox"/> Other / see remarks
HANDICAPPED FEATURES:	
<input type="checkbox"/> Fully adapted	<input type="checkbox"/> Not adapted
<input type="checkbox"/> Partially adapted	<input type="checkbox"/> Other / see remarks
ENERGY SAVING DETAILS:	
<input type="checkbox"/> Solar hot water	<input type="checkbox"/> Ceiling fans
<input type="checkbox"/> Sunscreens	<input type="checkbox"/> Attic fan
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Window fan
<input type="checkbox"/> Multi-pane windows	<input type="checkbox"/> Central exhaust fan
<input type="checkbox"/> Load controller	<input type="checkbox"/> Other / see remarks
<input type="checkbox"/> Multi-zones	
HEATING DETAILS:	
<input type="checkbox"/> Electric heat	<input type="checkbox"/> Coal source
<input type="checkbox"/> Gas heat	<input type="checkbox"/> Oil source
<input type="checkbox"/> Heat pump	<input type="checkbox"/> Propane source
<input type="checkbox"/> Wall/floor heat	<input type="checkbox"/> Solar source
<input type="checkbox"/> Radiant heat	<input type="checkbox"/> Natural gas source
<input type="checkbox"/> Forced air heat	<input type="checkbox"/> No heat
<input type="checkbox"/> Pellet stove	<input type="checkbox"/> Other / see remarks
<input type="checkbox"/> Wood source	
Has service been Adequate? ____yes ____no	
Explain:	
PARKING:	
<input type="checkbox"/> 1 car garage	<input type="checkbox"/> Street parking
<input type="checkbox"/> 2 car garage	<input type="checkbox"/> Side vehicle entry
<input type="checkbox"/> 3 car garage	<input type="checkbox"/> Rear vehicle entry
<input type="checkbox"/> 4+ car garage	<input type="checkbox"/> RV parking
<input type="checkbox"/> 1 car carport	<input type="checkbox"/> RV gate
<input type="checkbox"/> 2+ car carport	<input type="checkbox"/> Electric door opener
<input type="checkbox"/> Detached parking	<input type="checkbox"/> Heated garage
<input type="checkbox"/> Attached parking	<input type="checkbox"/> Separate vehicle storage area
<input type="checkbox"/> Parking slab	<input type="checkbox"/> Driveway parking
<input type="checkbox"/> Assigned parking	<input type="checkbox"/> Tandem parking
<input type="checkbox"/> Unassigned parking	<input type="checkbox"/> No parking
<input type="checkbox"/> Covered parking	<input type="checkbox"/> Other / see remarks
COOLING DETAILS:	
<input type="checkbox"/> Refrigeration (Air conditioning)	Has service been Adequate? ____yes ____no
<input type="checkbox"/> Evaporative cooling	TYPE: _____
<input type="checkbox"/> Window/wall unit	MODEL / SERIAL # _____
<input type="checkbox"/> Central air	Where is the cooling located? _____
<input type="checkbox"/> No cooling	Explain:
<input type="checkbox"/> Other / see remarks	
UTILITY DETAILS:	
<input type="checkbox"/> Public electric	Name of Utility Company: _____
<input type="checkbox"/> Public gas	Has service been Adequate? ____yes ____no
<input type="checkbox"/> Other electric	Who will provide gas service?
<input type="checkbox"/> Other gas	____Owner ____Tenant ____ Association ____Other
<input type="checkbox"/> Butane / propane	Where is the electric meter located? _____
<input type="checkbox"/> Other / see remarks	Where is the gas meter located?
WATER DETAILS:	
<input type="checkbox"/> City water	Name of Water Company: _____
<input type="checkbox"/> Private water company	Who will provide water service?
<input type="checkbox"/> Private well	____Owner ____Tenant ____ Association ____Other
<input type="checkbox"/> Shared well	Has service been Adequate? ____yes ____no
<input type="checkbox"/> Water softener	Is the water pressure adequate? ____yes ____no
<input type="checkbox"/> Drinking water filter system	Where is the water meter located?
<input type="checkbox"/> Other / see remarks	
SEWER DETAILS:	

<input type="checkbox"/> Public sewer <input type="checkbox"/> Private sewer <input type="checkbox"/> Septic tank Accommodate _____ people. <input type="checkbox"/> Leech field <input type="checkbox"/> No sewer or septic tank <input type="checkbox"/> Other / see remarks	Name of Waste Water Company: _____ Has service been Adequate? ____yes ____no Who will provide sewer service? ____Owner ____Tenant ____ Association ____Other When was the septic last cleaned? ___/___/_____ Have you ever had a sewage backup? ____yes ____no
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RENT PAYMENT DETAILS:

- Tenant pays to property manager. (Full management).
- Pay to owner (Place tenant only)
- Other / see remarks

DEPOSIT PAYMENT DETAILS:

- Owner (Place tenant only)
- Deposit held by owner (Place tenant only)
- Deposit held by broker. (Full management).

PETS AND ANIMALS:

SEE "PET POLICY"

<input type="checkbox"/> Possible, with approval <input type="checkbox"/> Cats <input type="checkbox"/> Dogs under 20 lbs <input type="checkbox"/> Dogs over 20 lbs <input type="checkbox"/> Outdoor only <input type="checkbox"/> Indoor only <input type="checkbox"/> Farm animals <input type="checkbox"/> Horses <input type="checkbox"/> Horse corral <input type="checkbox"/> Horse stall <input type="checkbox"/> Horse barn	<input type="checkbox"/> Other barn <input type="checkbox"/> Birds <input type="checkbox"/> Caged animals <input type="checkbox"/> Fish <input type="checkbox"/> Other: _____. <input type="checkbox"/> No dogs <input type="checkbox"/> No cats <input type="checkbox"/> No reptiles <input type="checkbox"/> No Pets <input type="checkbox"/> Number of pets allowed _____ not to exceed 4. <input type="checkbox"/> Other / see remarks
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ITEMS INCLUDED WITH RENT:

<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Lawn care <input type="checkbox"/> Tree care <input type="checkbox"/> Pool care	<input type="checkbox"/> Local phone <input type="checkbox"/> Internet service <input type="checkbox"/> Cable or satellite TV <input type="checkbox"/> Security system monitoring <input type="checkbox"/> Association Fees <input type="checkbox"/> Sales Tax <input type="checkbox"/> Other / see remarks
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RESTRICTIONS:

<input type="checkbox"/> Seniors only <input type="checkbox"/> 55+ (one person) <input checked="" type="checkbox"/> No smoking permitted	<input checked="" type="checkbox"/> No waterbeds permitted <input type="checkbox"/> Other / see remarks
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LEASE DETAILS:

<input type="checkbox"/> Month-to-month <input type="checkbox"/> Short term only, specify _____ <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months or more (Specify _____) <input type="checkbox"/> Lease option, possible <input type="checkbox"/> Lease purchase <input type="checkbox"/> For sale or lease (whichever comes first)	<input type="checkbox"/> Management-broker <input type="checkbox"/> Management-owner <input type="checkbox"/> Owner agent <input type="checkbox"/> Government assistance possible <input type="checkbox"/> Also for sale Sales agent: _____ Agents phone: _____ Selling price: \$ _____ <input type="checkbox"/> Other / see remarks
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SHOWING INSTRUCTIONS:

<input type="checkbox"/> Lockbox occupied <input type="checkbox"/> Lockbox vacant <input type="checkbox"/> Lockbox private <input type="checkbox"/> Call listing agent	<input type="checkbox"/> Alarm activated. Access code: _____ <input type="checkbox"/> Pets present <input type="checkbox"/> Other / see remarks
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OTHER:

TYPE:

MODEL / SERIAL #

