



OWNERS CHECKLIST

Please complete the following information, adding any specific instructions you wish to carry out with regards to your property.

Owners Name: _____ Title or Rank: _____

Present Address: _____

Until: _____

Forwarding Address: _____

Property Location: _____

Owners Social Security or Tax Identification Number: _____

Home Phone: _____ Work phone: _____

Cell/Pager: _____ Fax Number: _____

Emergency Contact Person & Number: _____

Mortgage Payment Information

First Trust To: _____ Second Trust To: _____

Amount per Month: _____ Amount Per Month: _____

Account Number: _____ Account Number: _____

Payment Book Attached? _____ Payment Book Attached? _____

Due on _____ Day of month. Due on _____ Day of month.

1st Payment should be made: _____ 1st Payment should be made: _____

First Trust Phone #: _____ Second Trust Phone #: _____

Homeowner or Condominium Association Payment Information

Payable To: _____ Payable To: _____

Monthly / Quarterly (Circle One) Monthly / Quarterly (Circle One)
Amount: \$ _____ Amount: \$ _____
Due Date: _____ Due Date: _____

Association Phone #: _____ Association Phone #: _____

Owner Instructions Pertaining To Disposition of Rent Records

Indicate below where funds are to be sent, give complete address, bank account numbers.

(Funds are disbursed on the 10th of the month, and may not be available until the 15th)

Insurance Information

Fire and Extended Coverage:

Name of Insuring Company: _____

Name and Address of Agent: _____

Amount: _____ Expires on: _____ day of _____, _____

If property is presently insured with Homeowner type policy, it is necessary for property owner to contact his/her insurance agent and advise them that the property will be tenant occupied as of a specified date. Most homeowner policies are not valid in their entirety if the property is not owner occupied. By notification to your insurance agent, the property owner can arrange for conversation to fire and extend coverage type policy if appropriate.

Owner-Landlord-Tenant (Important: If this item is not completed agent will automatically order insurance)

Name of Insuring Company: _____

Name and Address of Agent: _____

Amount: _____ Expires on _____ day of _____, _____

Owner-Landlord-Tenant Insurance is required by Property Management agreement. United Services Automobile Assoc., Armed Forces Cooperative Insuring Assoc., and Government Employees Insurance Company do not write an Owner-Landlord-Tenant insurance policy. The first two named companies will however, endorse other types of policies to provide liability protection for rental property. This endorsement is acceptable provided it names Freedom Property Management, LLC. as an additional insured party for liability protection in connection with management of the specified rental property. Homeowner should advise insurance agent to furnish Freedom Property Management with a copy and all endorsements.

Utility Company Information

Indicate name of Utility companies providing service to property:

Electricity: _____ Water: _____

Gas: _____ Oil: _____

Cable: _____ Other: _____

Service Contract Information

Indicate name and phone numbers of firms that you have Service Contract Agreements with:

Please Indicate Specific Vendors That Should Be Used

Any Additional Information Owner Wishes To Provide

If unit is currently leased, please attach the original lease and information about the current tenants

Keys Received

of Key(s) provided: _____

House Key(s): _____

Mail Box Key(s): _____ Mailbox #: _____