

Owner Information

Ownership Type & Interest (Please fill in all applicable information):

Form of Ownership: Sole Proprietor LLC Trust Other (Describe):

Owner Name: Percentage of Ownership: %

Owner Name: Percentage of Ownership: %

Owner Name: Percentage of Ownership: %

Owner Name: Percentage of Ownership: %

Mailing Information (Please fill in all applicable information):

Primary Contact Name(s):

Make Checks Payable to:

Mailing Address: City, State, & ZIP:

Owner Contact Information (Please fill in all applicable information):

Home Phone: Contact Name:

Cell Phone: Contact Name:

Cell Phone: Contact Name:

Work Phone: Contact Name:

Work Phone: Contact Name:

Other Phone: Contact Name:

Fax Phone: Attention to:

Email Address: Email Address:

Emergency Contact Information (Please fill in all applicable information):

Contact Name: Relationship to Owner:

Contact Phone: Email:

Contact Address: City, State, & ZIP:

Property Information

General Leasing Information (Please fill in all applicable information):

Property Type: Single Family Condo Town House Multi-Plex (Number of units:)

Property Address: City, State, & ZIP:

Major Cross Streets: Subdivision Name:

Date Available: Rent Amount: \$ Security Dep: \$ Pet Dep: \$

Bedrooms: Bathrooms: Square Feet: Year Built:

Keys & Remotes (Detail # of Keys provided): House Keys: Mailbox Keys: Garage Door Remotes:

Other Keys (Detail Use & Quantity of Other Keys Provided):

Property Information (Continued)

Lease Terms (Please Check all applicable Options):

<input type="checkbox"/> 12 Month Lease	<input type="checkbox"/> 6 Month Lease	<input type="checkbox"/> Month-to-Month Lease	<input type="checkbox"/> Will Accept Section 8
<input type="checkbox"/> 55+ Community	<input type="checkbox"/> Winter Rental	<input type="checkbox"/> Rent-to-Own	<input type="checkbox"/> No Smoking
<input type="checkbox"/> Pets Allowed	<input type="checkbox"/> Pets w/ Owner Approval	<input type="checkbox"/> Assistive Animals Only (No Pets Allowed)	

Interior Features (Please Check all applicable features):

<input type="checkbox"/> Single Story	<input type="checkbox"/> Two Story	<input type="checkbox"/> Basement	<input type="checkbox"/> Multi-Level
<input type="checkbox"/> Unfurnished	<input type="checkbox"/> Furnished	<input type="checkbox"/> Formal Living Room	<input type="checkbox"/> Family Room
<input type="checkbox"/> Great Room	<input type="checkbox"/> Formal Dining Room/Area	<input type="checkbox"/> Den/Office	<input type="checkbox"/> Loft
<input type="checkbox"/> Laundry Room	<input type="checkbox"/> Storage Room	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Microwave
<input type="checkbox"/> Range/Oven	<input type="checkbox"/> Range - Standalone	<input type="checkbox"/> Oven - Standalone	<input type="checkbox"/> Dishwasher
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Premium Countertops	<input type="checkbox"/> Premium Cabinetry	<input type="checkbox"/> Kitchen Island
<input type="checkbox"/> Kitchen Pantry	<input type="checkbox"/> Washer/Dryer Hook-Ups	<input type="checkbox"/> Washer	<input type="checkbox"/> Dryer
<input type="checkbox"/> Stackable Washer/Dryer	<input type="checkbox"/> Bathroom Double Vanities	<input type="checkbox"/> Separate Tub & Shower	<input type="checkbox"/> Walk-In-Closet
<input type="checkbox"/> Tile Flooring	<input type="checkbox"/> Carpet Flooring	<input type="checkbox"/> Vinyl Flooring	<input type="checkbox"/> Wood/Laminate Flooring
<input type="checkbox"/> Vaulted Ceilings	<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Window Coverings	<input type="checkbox"/> Fireplace
<input type="checkbox"/> Heating	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Swamp Cooler	<input type="checkbox"/> Alarm System (Code:)

Other Features (Please list additional Features):

Exterior Features (Please Check all applicable features):

<input type="checkbox"/> Private Pool	<input type="checkbox"/> Fenced Private Pool	<input type="checkbox"/> Private Spa/Hot Tub	<input type="checkbox"/> Arizona Room
<input type="checkbox"/> Golf Course Lot	<input type="checkbox"/> RV Gate	<input type="checkbox"/> Front Landscaping-Desert	<input type="checkbox"/> Front Landscaping-Grass
<input type="checkbox"/> Covered Patio	<input type="checkbox"/> Uncovered Patio	<input type="checkbox"/> Back Landscaping-Desert	<input type="checkbox"/> Back Landscaping-Grass
<input type="checkbox"/> Back Landscaping-None	<input type="checkbox"/> Fence Backyard	<input type="checkbox"/> Unfenced Backyard	<input type="checkbox"/> Auto Sprinkler System
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Backs to Greenbelt	<input type="checkbox"/> Private Yard	<input type="checkbox"/> Landscaping Included

Other Features (Please list additional Features):

Garage and/or Parking Features (Please Check all applicable features):

<input type="checkbox"/> Garage Door Opener	<input type="checkbox"/> 2 Car Garage	<input type="checkbox"/> 3/+ Car Garage	<input type="checkbox"/> 1 Car Garage
<input type="checkbox"/> 4/+ Car Garage	<input type="checkbox"/> Tandem Garage	<input type="checkbox"/> Assigned Parking (Spaces:)	<input type="checkbox"/> Assigned Parking (Spaces:)
<input type="checkbox"/> Carport (Spaces:)	<input type="checkbox"/> Covered Parking (Spaces:)	<input type="checkbox"/> Uncovered Parking (Spaces:)	

Community/Neighborhood Features (Please Check all applicable features):

<input type="checkbox"/> Golf Course Community	<input type="checkbox"/> Community Pool	<input type="checkbox"/> Community Spa/Hot Tub	<input type="checkbox"/> Gated Entry (Code:)
<input type="checkbox"/> Community Playground	<input type="checkbox"/> Comm. Sport Courts/Fields	<input type="checkbox"/> Community Fitness Center	<input type="checkbox"/> Community Rec. Center
<input type="checkbox"/> Community Laundry	<input type="checkbox"/> Salt River Project - SRP	<input type="checkbox"/> AZ Public Service - APS	<input type="checkbox"/> Natural Gas

Property Information (Continued)

School Information (Please fill in all applicable information):

School District: _____ Elementary School: _____

Middle/Jr. High School: _____ High School: _____

Utility & Services Information (Please fill in all applicable information):

Electric Co. & Phone: _____ Responsibility: Tenant Owner HOA

Natural Gas Co. & Phone: _____ Responsibility: Tenant Owner HOA

Water Co. & Phone: _____ Responsibility: Tenant Owner HOA

Sewer Co. & Phone: _____ Responsibility: Tenant Owner HOA

Trash Co. & Phone: _____ Responsibility: Tenant Owner HOA

Telephone Co. & Phone: _____ Responsibility: Tenant Owner HOA

Cable Co. & Phone: _____ Responsibility: Tenant Owner HOA

Landscaping Services: _____ Responsibility: Tenant Owner HOA

Pool & Spa Services: Pool Cleaning: _____ Responsibility: Tenant Owner HOA

Pool Chemicals: _____ Responsibility: Tenant Owner HOA

Pool Repairs & Maintenance: _____ Responsibility: Tenant Owner HOA

Home Owner Association Information (Please fill in all applicable information):

PLEASE NOTE: If your community is governed by an HOA, FRAMC Requires a copy of the CC&R's for our Records

Is there a HOA for this property? No Yes **If Yes, Please provide the following information**

HOA Name: _____ HOA Phone: _____

Management Co. Name: _____ HOA Fax: _____

HOA Address: _____ HOA Email: _____

Services Provided by HOA (Please List): _____

Home Warranty/Service Contract Information (Please fill in all applicable information):

PLEASE NOTE: If your Property has a Home Warranty/Service Contract, FRAMC Requires a copy of the Policy for our Records

Is there a Home Warranty/Service Contract for this Property? No Yes **If Yes, Please provide the following information**

Co. Name: _____ Policy#: _____ Co. Phone: _____

Program Name: _____ Exp.Date: _____ Co. Fax: _____

Home Owner's Insurance Information (Please fill in all applicable information):

PLEASE NOTE: FRAMC Requires a copy of your Insurance Declaration Page for our Records

Ins. Co. Name: _____ Policy#: _____ Exp.Date: _____

Agent Name: _____ Phone: _____ Fax: _____

Current Tenant Information (Please fill in all applicable information):

PLEASE NOTE: If you currently have tenants in the property, FRAMC Requires a copy of your Lease Agreement for our Records

Are tenant currently occupying this Property? No Yes **If Yes, Please provide the following information**

Tenant Name(s): _____ Contact Phone: _____