

**PREFERRED PROPERTY MANAGEMENT  
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.

<b><u>Owner Information</u></b>	<b><u>Primary Owner's</u></b>	<b><u>Secondary Owner's</u></b>
<b>Name:</b>		
<b>Owners Tax ID (SSN)#:</b>		
<b>Address:</b>		
<b>Home Phone:</b>		
<b>Work Phone:</b>		
<b>Fax Phone:</b>		
<b>Cellular:</b>		
<b>Message:</b>		
<b>Email:</b>		
<b>Other:</b>		

**Owners Status:**

- Single Property Owner                       Multiple Property Owner

**Ownership Type:**

- Individual                       Joint Owners                       Partnership                       Corporation

**Property Management Services:**

- Full Service                                       Place Tenant Only

**Insurance Information:**

Insurance company name, phone, and address \_\_\_\_\_

(Company Name/street address/city/zip/phone #)

Policy Number: \_\_\_\_\_ Insurance Coverage Amount: \$ \_\_\_\_\_

Insurance Deductible Amount: \$ \_\_\_\_\_

Preferred Property Management  
P.O. Box 2162  
Parker, CO 80134-2162  
720-842-1833 Office Phone  
720-851-8971 Fax

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<b>ADDRESS:</b>	
COUNTY:	
<b>COMMUNITY INFORMATION</b>	
Subdivision Name:	
Planned Community Name:	
Location information (N,S,E,W):	
<b>DIRECTIONS:</b>	
Driving Directions:	
<b>GENERAL DESCRIPTION:</b>	
Number of Bedrooms:	
Number of Bathrooms:	
Total Interior Square Feet:	
Total Finished Square Feet:	
<b>SPECIFIC DESCRIPTION:</b>	
Description of Bathrooms:	Dimensions of Bedroom 3:
Dimensions of Bedroom 1:	Dimensions of Bedroom 4:
Dimensions of Bedroom 2:	Dimensions of Bedroom 5:
<b>ROOM DIMENSIONS:</b>	
Dimensions of Living Room:	Dimensions of Kitchen:
Dimensions of Dining Room:	Dimensions of Den:
Dimensions of Family Room:	Dimensions of Other Room:
<b>LOT INFORMATION</b>	
Storage Space	Crawl Space
Lot Square Feet	Storage Closet
Lot Acres	Other Storage
<b>BUILDING INFORMATION:</b>	
Year Built:	Builder/Model Name:
Model Name:	Color Scheme:
<b>TENANT FEES:</b>	
(Requested) Monthly Rent: \$	Minimum Acceptable Rent: \$
<b>TENANT (UP-FRONT) FEES:</b>	
Security Deposit - Refund: \$	(within \$50.00 of one months rent)
Pet Deposit - Refund: \$	(Recommended:
\$200 for 1 pet, \$300 for 2 pets, \$400 for 3 pets, or \$500 for 4 pets).	
<b>TENANT - EXTRA FEES (if applicable)</b>	
Extra Rent for Garage:	Extra Rent for Pet:

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Extra Rent for Storage:	Extra Rent for membership:
<b>SCHOOL INFORMATION</b>	
School District:	Middle School:
Elementary:	High School:
<b>OFFICE INFORMATION: (PREFERRED PROPERTY MANAGEMENT TO COMPLETE)</b>	
Office Info - Property ID	Home Rental #/Rent Connection
MLS #	Full Service or Place Tenant Only Status
Section 8 Housing Status	Signage/Lock Box
ADS: Standard, Other, Agent	Pictures (interior/Exterior)
<b>PLEASE MARK ALL THAT APPLY:</b>	
<b>HOME TYPE:</b>	
<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"/> Duplex	<input type="checkbox"/> Suite
<input type="checkbox"/> Four-plex	<input type="checkbox"/> Other
<b>HOME ARCHITECTURE:</b>	
<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 Furnished 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
<b>HOME CONSTRUCTION:</b>	
<input type="checkbox"/> Wood	<input type="checkbox"/> Steel Frame
<input type="checkbox"/> Brick	<input type="checkbox"/> Other
<input type="checkbox"/> Wood Frame	
<b>HOME STYLE:</b>	
<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
<b>UNIT STYLE:</b>	
<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
<input type="checkbox"/> Three Common Walls	
<b>FENCE CONSTRUCTION:</b>	
<input type="checkbox"/> Block	<input type="checkbox"/> RV Gate

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<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	
<b>ROOF CONSTRUCTION:</b>		
<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		
<b>PROPERTY DETAILS:</b>		
<input type="checkbox"/> Golf Course Lot	<input type="checkbox"/> Historic District City Light Views	
<input type="checkbox"/> Golf Course Subdivision	<input type="checkbox"/> Mountain Views	
<input type="checkbox"/> Hillside Lot	<input type="checkbox"/> Gated Community	
<input type="checkbox"/> Cul-de-sac Lot	<input type="checkbox"/> Streets Not Paved	
<input type="checkbox"/> Xeriscape Front/Xeriscape Back	<input type="checkbox"/> Borders Common Area	
<input type="checkbox"/> Private Property	<input type="checkbox"/> Borders Public Park	
<b>BATHROOM DETAILS:</b>		
<input type="checkbox"/> Full bath (tub, shower, sink & toilet)	<input type="checkbox"/> Double Sinks	
<input type="checkbox"/> 1/2 Bath (sink & toilet)	<input type="checkbox"/> Tub with Jets	
<input type="checkbox"/> 3/4 bath (shower, sink & toilet)	<input type="checkbox"/> Soak tub	
<input type="checkbox"/> Full Master Bath	<input type="checkbox"/> Separate Shower and tub	
<input type="checkbox"/> 2 Master Baths	<input type="checkbox"/> Other	
<b>OTHER ROOMS:</b>		
<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	
<input type="checkbox"/> Loft		
<b>KITCHEN DETAILS:</b>		
	<b>TYPE</b>	<b>MODEL/SERIAL #</b>
<input type="checkbox"/> Oven/Range		
<input type="checkbox"/> Separate Oven and range		
<input type="checkbox"/> Two ovens		

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<input type="checkbox"/> Refrigerator		
<input type="checkbox"/> Ice maker in Frig		
<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		
<b>LAUNDRY DETAILS:</b>	<b>TYPE</b>	<b>MODEL/SERIAL #</b>
<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 hook up 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		
<input type="checkbox"/> Other		
<b>BASEMENT &amp; STORAGE</b>		
<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		
<b>FLOOR COVERINGS</b>		
<input type="checkbox"/> Carpet	Please, Explain any special cleaning instructions: _____ _____ _____ _____ _____	
Color: _____		
<input type="checkbox"/> Ceramic Tile		
<input type="checkbox"/> Vinyl		
<input type="checkbox"/> Hardwood		
<input type="checkbox"/> Concrete		

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<input type="checkbox"/> Other	_____
<b>WINDOW COVERINGS</b>	
<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
<b>FIREPLACE DETAILS</b>	
<input type="checkbox"/> One fireplace	<p>Has service been Adequate? _____ yes _____ no</p> <p>Explain: _____</p> <p>_____</p> <p>Gas: _____ Is there a gas starter: _____ yes _____ no Where? _____ Wood</p> <p>Burning: _____ When was the chimney last cleaned? _____ / _____ / _____</p>
<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"/> Free standing Fireplace	
<input type="checkbox"/> Exterior Fireplace	
<input type="checkbox"/> Fire pit	
<input type="checkbox"/> Wood stove	
<input type="checkbox"/> Decorative Only	
<input type="checkbox"/> No Fireplace	
<b>POOL DETAILS</b>	
<input type="checkbox"/> Private pool	<input type="checkbox"/> Play pool
<input type="checkbox"/> Community pool	<input type="checkbox"/> Lap pool
<input type="checkbox"/> Public pool	<input type="checkbox"/> Above ground pool
<input type="checkbox"/> Indoor pool	<input type="checkbox"/> Fenced pool
<input type="checkbox"/> Outdoor pool	<input type="checkbox"/> No Pool
<input type="checkbox"/> Heated pool	<input type="checkbox"/> Other
<b>SPA/HOT TUB DETAILS</b>	
<input type="checkbox"/> Private spa	<input type="checkbox"/> Outdoor
<input type="checkbox"/> Private Hot Tub	<input type="checkbox"/> Above Ground spa/hot tub
<input type="checkbox"/> Community spa/hot tub	<input type="checkbox"/> No Spa/Hot Tub
<input type="checkbox"/> Indoor	<input type="checkbox"/> Other
<b>INTERIOR FEATURES</b>	
<input type="checkbox"/> Remodeled	<input type="checkbox"/> Fire sprinklers
<input type="checkbox"/> Vaulted Ceilings	<input type="checkbox"/> Security system
<input type="checkbox"/> Central Vacuum	<input type="checkbox"/> Cable/satellite TV ready
<input type="checkbox"/> Wet bar	<input type="checkbox"/> High-speed internet ready
<input type="checkbox"/> Intercom	<input type="checkbox"/> Other
<input type="checkbox"/> Skylights	
<b>EXTERIOR FEATURES</b>	
<input type="checkbox"/> Private Yard/courtyard	<input type="checkbox"/> Racquetball Court
<input type="checkbox"/> Children's play area	<input type="checkbox"/> Sport Court

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<input type="checkbox"/> Yard watering system	<input type="checkbox"/> Circular Drive
<input type="checkbox"/> Patio/deck	<input type="checkbox"/> Private street
<input type="checkbox"/> Covered patio/deck	<input type="checkbox"/> Storage Shed
<input type="checkbox"/> Gazebo/Ramada	<input type="checkbox"/> Other
<input type="checkbox"/> Tennis Court	
<b>COMMUNITY FEATURES</b>	
<input type="checkbox"/> Gated community	<input type="checkbox"/> Tennis Court
<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Basketball Court
<input type="checkbox"/> Playground	<input type="checkbox"/> Racquetball Court
<input type="checkbox"/> Exercise Room	<input type="checkbox"/> Sport Court
<input type="checkbox"/> Common Area	<input type="checkbox"/> Other
<b>FURNISHING FEATURES</b>	
<input type="checkbox"/> Fully furnished	<input type="checkbox"/> Unfinished
<input type="checkbox"/> Partially adapted	<input type="checkbox"/> Other
<b>HANDICAPPED FEATURES</b>	
<input type="checkbox"/> Fully adapted	<input type="checkbox"/> Not adapted
<input type="checkbox"/> Partially adapted	<input type="checkbox"/> Other
<b>ENERGY SAVINGS DETAILS</b>	
<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
<input type="checkbox"/> multi-zones	
<b>HEATING DETAILS</b>	
<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
<input type="checkbox"/> Wood source	
<b>PARKING</b>	
<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

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<input type="checkbox"/> Covered parking	<input type="checkbox"/> Other
<b>COOLING DETAILS</b>	
<input type="checkbox"/> Refrigeration (Air Conditioning)	Has service been Adequate? _____ yes _____ no TYPE: _____ MODEL/SERIAL # _____ Where is cooling located? _____ Explain: _____
<input type="checkbox"/> Evaporative cooling	
<input type="checkbox"/> Window/wall unit	
<input type="checkbox"/> Central air	
<input type="checkbox"/> No cooling	
<input type="checkbox"/> Other	
<b>UTILITY DETAILS</b>	
<input type="checkbox"/> Public electric	Name of Utility Company: _____ Has service been Adequate? _____ yes _____ no Who will provide gas service? _____ owner _____ tenant _____ Association _____ Other Where is the electric meter located? _____ Where is the gas meter located? _____
<input type="checkbox"/> Public gas	
<input type="checkbox"/> Other electric	
<input type="checkbox"/> Other gas	
<input type="checkbox"/> Butane/Propane	
<input type="checkbox"/> Other	
<b>SEWER DETAILS</b>	
<input type="checkbox"/> Public sewer	Name of 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 sewage backup? _____ yes _____ no
<input type="checkbox"/> Private sewer	
<input type="checkbox"/> Septic tank Accommodate how many people _____	
<input type="checkbox"/> Leech field	
<input type="checkbox"/> No sewer or septic tank	
<input type="checkbox"/> Other	
<b>RENT PAYMENT DETAILS</b>	
<input type="checkbox"/> Tenant pays Property Management (full management)	
<input type="checkbox"/> Pay to Owner (Place tenant only)	
<input type="checkbox"/> Other	
<b>DEPOSIT PAYMENT DETAILS</b>	
<input type="checkbox"/> Owner (Place tenant only)	
<input type="checkbox"/> Deposit held my owner (Place Tenant only)	
<input type="checkbox"/> Deposit held my broker Full management)	
<b>PETS AND ANIMALS</b>	
<input type="checkbox"/> Possible, with approval	<input type="checkbox"/> Other barn
<input type="checkbox"/> Cats	<input type="checkbox"/> Birds
<input type="checkbox"/> Dogs under 20 lbs	<input type="checkbox"/> Caged animals
<input type="checkbox"/> Dogs over 20 lbs	<input type="checkbox"/> Fish
<input type="checkbox"/> Outdoor only	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Indoor only	<input type="checkbox"/> No dogs
<input type="checkbox"/> Farm animals	<input type="checkbox"/> No cats
<input type="checkbox"/> Horses	<input type="checkbox"/> No reptiles
<input type="checkbox"/> Horse corral	<input type="checkbox"/> No Pets
<input type="checkbox"/> Horse stall	<input type="checkbox"/> Number of pets allowed _____ not to exceed 4.
<input type="checkbox"/> Horse barn	<input type="checkbox"/> Other
<b>ITEMS INCLUDED IN RENT</b>	

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<input type="checkbox"/> Water	<input type="checkbox"/> Local phone
<input type="checkbox"/> Sewer	<input type="checkbox"/> Internet service
<input type="checkbox"/> Trash	<input type="checkbox"/> Cable or satellite TV
<input type="checkbox"/> Gas	<input type="checkbox"/> Security system monitoring
<input type="checkbox"/> Electricity	<input type="checkbox"/> Association fees
<input type="checkbox"/> Lawn Care	<input type="checkbox"/> Sales Tax
<input type="checkbox"/> Tree Care	<input type="checkbox"/> Other
<input type="checkbox"/> Pool Care	
<b>RESTRICTIONS</b>	
<input type="checkbox"/> Seniors only	<input type="checkbox"/> No waterbeds permitted
<input type="checkbox"/> 55+ (one person)	<input type="checkbox"/> Other
<input type="checkbox"/> No smoking permitted	
<b>LEASE DETAILS</b>	
<input type="checkbox"/> Month to month	<input type="checkbox"/> Government assistance possible
<input type="checkbox"/> Short term only, specify	<input type="checkbox"/> Also for sale
<input type="checkbox"/> 3 months	<input type="checkbox"/> Sales Agent: _____
<input type="checkbox"/> 6 months	<input type="checkbox"/> Agents Phone # _____
<input type="checkbox"/> 12 months or more (Specify _____)	<input type="checkbox"/> Selling price \$ _____
<input type="checkbox"/> Lease option, possible	<input type="checkbox"/> Other
<input type="checkbox"/> Lease Purchase	
<input type="checkbox"/> For sale or lease (whichever comes first)	
<b>SHOWING INSTRUCTIONS</b>	
<input type="checkbox"/> Lockbox occupied	<input type="checkbox"/> Call listing Agent
<input type="checkbox"/> Lockbox vacant	<input type="checkbox"/> Alarm activated.
<input type="checkbox"/> Pet present	<input type="checkbox"/> Access code: _____
	<input type="checkbox"/> Other
<b>GENERAL REMARKS</b>	

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