



Management Dept

**NEW OWNER SIGN UP QUESTIONNAIRE**

**Owner Info:**

Ownership Name: \_\_\_\_\_  
Owners Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Property Info:**

Property Address: \_\_\_\_\_  
Property Type:  SFH  Duplex  Condo  Triplex/4-plex  Multi Unit (# of units: \_\_\_\_\_)  
Lease Options:  M-M  6 Month  Year  
Pool:  YES  NO Pets Allowed:  NO  YES -- If yes, what types:  Cats  Dogs  
Section 8 Housing:  YES  NO Shelter Plus:  YES  NO  
Smoking Allowed:  YES  NO May Tenants Install Satellite Dishes:  YES  NO  
Landscaping:  Tenant Responsibility  Included – if checked please fill out the following:  
• Landscape Company Name: \_\_\_\_\_ PH: \_\_\_\_\_  
Sprinkler System:  YES  NO  
Appliances Included (circle applicable) Fridge, Washer/Dryer, Microwave, Dishwasher  
Automatic Garage Door  NO  YES– if checked, please fill out the following: # of Remotes: \_\_\_\_\_  
Owner Does Maintenance:  NO  YES – if checked, what kind: \_\_\_\_\_  
Call if Repairs Are Over:  \$200.00  Prefer different amount: \$ \_\_\_\_\_  
Electric Company: \_\_\_\_\_ Responsible:  TENANT  OWNER  
Gas Company: \_\_\_\_\_ Responsible:  TENANT  OWNER  
Water Company: \_\_\_\_\_ Responsible:  TENANT  OWNER  
Cable TV: \_\_\_\_\_ Responsible:  TENANT  OWNER  
Other: \_\_\_\_\_ Responsible:  TENANT  OWNER  
Previous Management Company Info (if applicable):  
• Management Name: \_\_\_\_\_  
• Management Number: \_\_\_\_\_  
Warranty Company:  NO  YES– if checked, please fill out the following:  
• Warranty Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
• Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
HOA Company:  NO  YES– if checked, please fill out the following:  
• HOA Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
• Dues Paid by:  Owner  Tenant  
• Services provided by HOA: \_\_\_\_\_

**Copies of leases, keys, applications, ledger for each tenant, walk through inspection, current rent increase, rent roll, and deposit info.**



## NEW OWNER SIGN UP QUESTIONNAIRE

### Financial Info:

Utilities Paid by BRES:  NO  YES-- if checked, please fill out the following:

Electric Company: _____	Acct. # _____
Gas Company: _____	Acct. # _____
Water Company: _____	Acct. # _____
Cable TV: _____	Acct. # _____
Other: _____	Acct. # _____

Mortgage Company:  NO  YES-- if checked, please fill out the following:

- Mortgage Company Name: \_\_\_\_\_
- Account #: \_\_\_\_\_ Phone: \_\_\_\_\_
- Payment: \$ \_\_\_\_\_ Due Date: \_\_\_\_\_

Is addendum enclosed for an extra 5% Mgmt fee to pay mortgage:  YES  NO

Insurance Company: \_\_\_\_\_

- Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Taxes:  NO  YES-- if checked, please fill out the following:

- County: \_\_\_\_\_ Total Amount \$ \_\_\_\_\_ Other Monthly Draw \$ \_\_\_\_\_

### ACH/Direct Deposit Info:

- Check (Make checks payable to: \_\_\_\_\_)
- Direct Deposit (If Direct Deposit, please provide bank's information below **and a copy of your cancelled check.**)

Payable To: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type (Checking/Savings): \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Social Security # / Tax ID: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### Statement Info:

Preferred Form of Statements: EMAIL / PAPER

Preferred Monthly Statement Date: \_\_\_\_\_

Monthly Statement Reports (any additional reports want added): \_\_\_\_\_

\_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



**ACH/Direct Deposit Form**

Payable To: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type (Checking/Savings): \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Social Security # / Tax ID: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Please attached avoided check.



**PRICE REDUCTION/ADVERTISING WORKSHEET**

Property Address: \_\_\_\_\_

Rent Amount: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

1<sup>st</sup> Rent Reduction: \_\_\_\_\_ Deposit Reduction: \_\_\_\_\_

2<sup>nd</sup> Rent Reduction: \_\_\_\_\_ Deposit Reduction: \_\_\_\_\_

3<sup>rd</sup> Rent Reduction: \_\_\_\_\_ Deposit Reduction: \_\_\_\_\_

<b>Penny Saver</b> Prices Vary	Yes	No
<b>RASST Sign</b> \$35 for 1 <sup>st</sup> three months \$3 monthly cost thereafter	Yes	No
<b>Rentalhomeplus.com</b> Prices Vary (~\$15 monthly)	Yes	No
<b>BurmesterRealEstate.com</b> FREE	Yes	No
<b>Craigslist</b> FREE	Yes	No
<b>SHRA (section 8)</b> FREE	Yes	No