



NEW CLIENT MANAGEMENT APPLICATION

Leasing Only (Ver. 1-24-2010)

CLIENT INFORMATION			
LAST NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS		CITY	STATE ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS			

SPOUSE / PARTNER INFORMATION			
LAST NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS		CITY	STATE ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS			

MONTHLY ACCOUNT STATEMENT	
<input type="checkbox"/>	Please mail a paper copy of my statement to the following street address: STREET ADDRESS: _____
<input type="checkbox"/>	NOTE: If you have an investment partner(s) who requires a separate monthly property statement and is entitled to receive a portion of the owner proceeds, please check this box and fill out separate forms for each partner.

OWNER WITHDRAW OPTIONS		
If it is necessary for you to receive your owner proceeds as early as possible, we will make a special effort to do so. However, please understand that Pennsylvania law requires that we must receive the rent check(s) and wait a few days to ensure that the tenant's check(s) has cleared before we can issue your owner proceeds. We do our best to issue and mail owner proceeds depending on the needs of the individual owners.		
If you wish, we can send your owner proceeds directly to your bank (this can save you time and effort.)		
<input type="checkbox"/>	NO, do not send owner proceeds to my bank. Send them to the address above.	
<input type="checkbox"/>	YES, please send owner proceeds to my bank (fill in the blanks below).	
NAME OF YOUR BANK	BRANCH OR ADDRESS	ACCOUNT NUMBER
NOTE: If in the future there are any changes in the information on this completed form, please notify Onyx Management Group in writing as soon as possible. THANK YOU.		

UTILITIES

LANDSCAPING, SNOW REMOVAL, POOL SERVICE

Owner will continue to pay himself.

Tenant pays.

UTILITIES: WATER

ON _____

OFF _____

Owner will continue to pay himself.

Tenant pays.

UTILITIES: ELECTRICITY

ON _____

OFF _____

Owner will continue to pay himself.

Tenant pays.

UTILITIES: GAS

ON _____

OFF _____

Owner will continue to pay himself.

Tenant pays.

OTHER: ASSOCIATION/CONDO FEE

Owner will continue to pay himself.

Tenant pays.

RENTAL PROPERTY INFORMATION

RENTAL ADDRESS

CITY

STATE

ZIP CODE

CROSS STREETS

TYPE Single Family Residence Condo Townhome Duplex Other: _____

Is this property attached or detached? Attached Detached

How many stories is this home/ unit? 1 2 3

Is the unit located upstairs or downstairs? Downstairs Upstairs Basement Yes ___ No ___ Finished Y ___ N ___

SQUARE FEET YEAR BUILT LOT SIZE? SCHOOL DISTRICT

Is the rental located in a gated community? Yes No Rent-To-Own: Yes ___ No ___ Both ___

GARAGE / PARKING INFORMATION

Is there a garage? Yes No What size garage? 1-car 2-car 3-car 4-car

Is the garage attached? Yes No Are there any remote openers? Yes No If so, how many?

Is there a carport? Yes No Is the carport covered? Yes No Is there RV parking? Yes No

Are there any assigned spaces? Yes No How many? Are they covered? Yes No

Additional parking information:

ROOMS

BEDROOMS: 1 2 3 4 5 LIVING ROOM: Yes No KITCHEN: Yes No

TOTAL BATHS: 1 2 3 4 3/4BATHS: 1/2BATHS: 1/4BATHS:

DINING INFO: Check all that apply	Dining room	Formal dining room	Kitchen/dining combo	Breakfast nook	Counter/bar
	Family room	Den	Bonus room	Great room	Office
ADDITIONAL ROOMS: Check all that apply	Loft	Sunroom	Other:		

AMENITIES							
FIREPLACE:	Yes	No	TYPE:	Gas	Electric	Wood burning	LOCATION:
WASHER & DRYER HOOK-UPS:	Yes	No	LOCATION:				TYPE: Gas Electric
WASHER & DRYER IN UNIT:	Yes	No	Who is responsible for maintaining the washer/dryer?		Owner	Tenant	
Is there a community laundry room?	Yes	No	Spa/Jacuzzi	Yes	No	Is this a private pool at a single family?	Y N

FLOORING	
Check all that apply	<input type="checkbox"/> Carpet Location: _____ <input type="checkbox"/> Vinyl tile Location: _____ <input type="checkbox"/> Wood flooring Location: _____ <input type="checkbox"/> Pergo Location: _____ <input type="checkbox"/> Ceramic tile Location: _____ <input type="checkbox"/> Other: Location: _____

ADDITIONAL AMENITIES					
Check all that apply	Tennis Court	Clubhouse	Fitness center	Gym	BBQ
	Laundry facilities	Golf course	Business center	Playground	Lake

KITCHEN INFO

<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Range Oven	Is the range gas or electric?	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
<input type="checkbox"/> Microwave	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Island	<input type="checkbox"/> Trash compactor	<input type="checkbox"/> Granite countertops	
Who is responsible for maintaining the kitchen appliances?			<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	
Additional kitchen information: _____					

OUTDOOR AREAS

Please indicate which outdoor area(s) the property has:

Backyard
 Patio/Porch
 Balcony

COOLING	<input type="checkbox"/> Central	Wall Unit	<input type="checkbox"/> Other: _____
HEATING	<input type="checkbox"/> Forced Air	Water	Electric
Does the home have any ceiling fans? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, how many? _____			

LEASING INFORMATION					
Is this property currently available for lease?		YES	NO	LEASE TERMS:	
				1 year	6 month
				Month-to-month	
				Other: _____	
What day is the property available for showing?			DATE: _____		Is smoking allowed? _____
What day is the property available for move-in?			DATE: _____		
MONTHLY RENT: \$				MOVE-IN AMOUNT: \$	
BROKER SUGGESTED RENT: \$		SECURITY DEPOSIT: \$		PET DEPOSIT: \$	
Are any pets allowed?		YES	NO	What type is allowed?	
				Dog	Cat
				How many are allowed?	
What size dog is allowed?			Any size	Medium Dog	Small dog
			Must the dog remain outdoors only? _____		
			YES	NO	
Additional pet info:					

PROPERTY DESCRIPTION

Please use the area below to highlight any special features or details of your property. This description will be help us advertise your property when it is available for rent.

SPECIAL INSTRUCTIONS

Please use the area below to tell us about anything you feel might be important, so that we will be better able to manage your property.
If your property is covered by a HOME WARRANTY please provide the information below (i.e. copy of Home Warranty Policy)

Company Name: _____
Policy Number: _____
Contact Phone: _____

