



NEW CLIENT MANAGEMENT APPLICATION

Management and Leasing (Ver. 8-22-2011)

CLIENT INFORMATION				NEW CLIENT MANAGEMENT APPLICATION			
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		
<p>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.</p>		
<p>If you wish, we can send your owner proceeds directly to your bank (this can save you time and effort.)</p>		
<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
<p>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.</p>		

UTILITIES

LANDSCAPING, SNOW REMOVAL, POOL SERVICE			
<input type="checkbox"/>	Owner will continue to pay himself.	<input type="checkbox"/>	Tenant pays.
UTILITIES: WATER		ON _____	OFF _____
<input type="checkbox"/>	Owner will continue to pay himself.	<input type="checkbox"/>	Tenant pays.
UTILITIES: ELECTRICITY		ON _____	OFF _____
<input type="checkbox"/>	Owner will continue to pay himself.	<input type="checkbox"/>	Tenant pays.
UTILITIES: GAS		ON _____	OFF _____
<input type="checkbox"/>	Owner will continue to pay himself.	<input type="checkbox"/>	Tenant pays.
OTHER: ASSOCIATION/CONDO FEE			
<input type="checkbox"/>	Owner will continue to pay himself.	<input type="checkbox"/>	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 ____ Finished Y __ N __ No ____
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	<input type="checkbox"/> Dining room	<input type="checkbox"/> Formal dining room	<input type="checkbox"/> Kitchen/dining combo	<input type="checkbox"/> Breakfast nook	<input type="checkbox"/> Counter/bar
	<input type="checkbox"/> Family room	<input type="checkbox"/> Den	<input type="checkbox"/> Bonus room	<input type="checkbox"/> Great room	<input type="checkbox"/> Office
ADDITIONAL ROOMS: Check all that apply	<input type="checkbox"/> Loft	<input type="checkbox"/> Sunroom	<input type="checkbox"/> Other: _____		

AMENITIES									
FIREPLACE:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TYPE:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood burning	LOCATION: _____		
WASHER & DRYER HOOK-UPS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	LOCATION: _____			TYPE:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
WASHER & DRYER IN UNIT:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who is responsible for maintaining the washer/dryer?			<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant		
Is there a community laundry room?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spa/Jacuzzi		<input type="checkbox"/> Yes	<input type="checkbox"/> 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"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

ADDITIONAL AMENITIES					
Check all that apply	<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Fitness center	<input type="checkbox"/> Gym	<input type="checkbox"/> BBQ
	<input type="checkbox"/> Laundry facilities	<input type="checkbox"/> Golf course	<input type="checkbox"/> Business center	<input type="checkbox"/> Playground	<input type="checkbox"/> Lake

KITCHEN INFO

<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Range Oven	<input type="checkbox"/> 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: _____					

DOOR AREAS

Please indicate which outdoor area(s) the property has:					
<input type="checkbox"/> Backyard	<input type="checkbox"/> Patio/Porch			<input type="checkbox"/> Balcony	
COOLING	<input type="checkbox"/> Central	<input type="checkbox"/> Wall Unit	<input type="checkbox"/> Other: _____		
HEATING	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Water	<input type="checkbox"/> 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: _____		
What day is the property available for move-in?			DATE: _____		
			Is smoking allowed?		
			YES NO		
MONTHLY RENT: \$		SECURITY DEPOSIT:\$		MOVE-IN AMOUNT: \$	
BROKER SUGGESTED RENT: \$				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: _____

