



Thank you for choosing Capital Property Management. In order to begin managing we will need the following items: keys, entry remotes (leave in property, just let us know where), rental agreement(s) and this page. **The rental agreement(s) are not online.** You need to contact Capital management in order for us to create a management plan specifically for your needs.

Once again, Thank You for choosing Capital Management.

Owner Information:

Name of owner (s):

Last: _____ First: _____

Last: _____ First: _____

Site address:

City: _____ State: ____ Zip: _____

Mailing address:

City: _____ State: ____ Zip: _____

Contact Info:

Phone(w) _____ (h) _____

Cell _____

In case of Emergency and we can't contact you, who should we call?

Email: _____

#1 Social Security #: _____ - _____ - _____

Name _____ (Required. by IRS)

#2 Social Security #: _____ - _____ - _____

Name _____ (Required. by IRS)

#3 Social Security #: _____ - _____ - _____

Name _____ (Required. by IRS)

10100 Fair Oaks Blvd. Suite K
Fair Oaks CA 95628
916-863-6600 Office / 916-863-7501 Fax

Recurring expenses:

Capital Management is to pay: circle:

Mortgages / Home Owners Association Dues / Gardener / Pool Service / Insurance /
Property Taxes / Other (Please specify) _____

We will need vendor name(s), coupons, addresses, account numbers, amounts for any we
are to pay.

Existing Tenant information: (Use separate sheet for additional tenants)

Tenant (Please include all adults)

Name (s): _____

Name (s): _____

Number of Minor (s) _____

Current rent rate: \$ _____ Deposit \$ _____ Amount owing: \$ _____

Pd to date: _____ Any late payments? Yes / No When _____

Excusable? Yes / No

Grace period: _____ (This will be changed to match our existing schedule)

Late fee: _____ Amount rent to be raised: \$ _____ Effective: _____

Phone numbers: (Please list for which individual)

Tenant Name _____

(W) _____ Extension _____ (H) _____

(C) _____ Other /email _____

Phone numbers: (Please list for which individual)

Tenant Name _____

(W) _____ Extension _____ (H) _____

(C) _____ Other /email _____

We will need the rental agreement for occupied property. If none, We will have them
sign a new one?

If vacant, rent desired? \$ _____ Deposit desired _____

We will need keys for your vacancy.

How is maintenance handled? Call if over \$300.00 or _____.

Home protection plan? Yes/No

New Home Warranty? Yes? No

If yes Company: _____ .

Plan No: _____ Claims Phone Number: _____

Insurance Co. : _____ Policy# _____

Agent name: _____ Phone _____

Have you notified your insurance agent that your property is a rental? ____ Yes ____ No

You will need to add Capital Management to your insurance policy.

Owner Questionnaire

Is this property subject to Sec. 8 ? Yes / No

Is the property subject to rent control? Yes / No

Built: _____ Remodeled: Yes / No If yes when _____

What was done: _____

To the best of your knowledge, are there any components in need of maintenance?

____ yes ____ no

If yes, then

describe: _____

Are you aware of any of the following?

1. Substances, materials, or products which may be an environmental hazard such as, but not limited to, asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks and contaminated soil or water on the property. ____ Yes ____ No

2. Room additions, structural modifications, stairs, other alterations or repairs made without necessary permits, or not in compliance with building codes.

____ Yes ____ No

3. Flooding, drainage, or grading problems. ____ Yes ____ No

4. Neighborhood noise problems or other nuisances. ____ Yes ____ No

5. Homeowners Association with authority over property. ____ Yes ____ No

If so, Name and contact

info: _____

6. Notices of abatement/citations against property. ____ Yes ____ No

7. Has anyone died on the property in the last three years? ____ Yes ____ No

Marketing Information

A. What are the special features of this house that deserve mentioning?:

B. Type of Property: Single family, duplex, condominium, 3, 4, 5-15, 16+ (circle one)

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C. Alarm: Yes/No If Yes: Key / Code: #'s _____

Location of key pad: _____

Instructions to disable alarm:

Instructions to arm alarm:

Is there a monthly monitoring Yes / No

If so, what company? _____

Contact info: _____

D. Garage Door Opener: Yes/No If yes: # of controllers _____

E. Pool Service? Yes / No who pays? Owner / Tenant

Name: _____ Address: _____

Amt: _____

F. Gardener provided? Yes/No

Other: _____

G. Tenant pays gas, electricity and phone bills, but in Sacramento Valley most owners pay water/sewer/garbage.

H. Who is to pay water/sewer/garbage? Owner / Tenant.

Owner must call utility companies to make changes.

I. Pets allowed? Yes/No (A large portion of the population has a pet of some sort. We encourage people to see what type of pet before making a final decision)

J. Sprinklers Yes/No If yes, Type: Manual/Automatic

K. Type lease: month to month / six month / one year (We encourage 12 month leases or longer)

Owner certifies that the information herein is true and correct to the best of owner's knowledge as of the date signed by owner.

Owner Signature Date