



NEW CLIENT MANAGEMENT APPLICATION

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		
<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

Owner pays.

Tenant pays.

UTILITIES: WATER

Owner pays.

Tenant pays.

UTILITIES: ELECTRICITY

Owner pays.

Tenant pays.

UTILITIES: GAS

Owner pays.

Tenant pays.

OTHER: ASSOCIATION/CONDO FEE

Owner pays.

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 ___ Unfinished ___
No ___

SQUARE FEET YEAR BUILT LOT SIZE SCHOOL DISTRICT

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

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

FULL BATHS: 1 2 3 4 1/4 BATHS: 1/2 BATHS: 1/4 BATHS:

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:	

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							

FLOORING

Check all that apply

Carpet Location: _____

Vinyl tile Location: _____

Wood flooring Location: _____

Pergo Location: _____

Ceramic tile Location: _____

Other: Location: _____

SWIMMING POOL YES NO

SPA/JACUZZI: Yes No Is this a private spa located at a single family residence? Yes No

ADDITIONAL AMENITIES: Check all that apply	Tennis court	Clubhouse	Fitness	Center	Gym	BBQ
	Laundry	Golf course	Business	Center	Playground	Lake

KITCHEN INFO

KITCHEN INFO: Check all that apply

Refrigerator Dishwasher Range Oven Is the range gas or electric? Gas Electric

Microwave Garbage Disposal Island Trash compactor Granite countertops

Who is responsible for maintaining the kitchen appliances? Owner Tenant

Additional kitchen information: _____

OUTDOOR AREAS

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

Backyard Patio Balcony

Is the backyard fenced? Yes No Is the patio covered? Yes No

COOLING	<input type="checkbox"/> Central	<input type="checkbox"/> Wall unit	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Heating	<input type="checkbox"/> Central	<input type="checkbox"/> Forced air <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____

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: _____

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.

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