



# NEW CLIENT MANAGEMENT APPLICATION

Management and Leasing (Ver. 6-22-2011)

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: <b>STREET ADDRESS:</b>
<input type="checkbox"/>	<b>NOTE:</b> 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>		
<b>If you wish, we can send your owner proceeds directly to your bank (this can save you time and effort.)</b>		
<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><b>NOTE:</b> 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 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 \_\_\_ 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:

<b>DINING</b> 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
<b>ADDITIONAL ROOMS:</b> Check all that apply	Loft		Sunroom	Other:	

AMENITIES							
<b>FIREPLACE:</b>	Yes	No	<b>TYPE:</b>	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood burning	<b>LOCATION:</b>
<b>WASHER &amp; DRYER HOOK-UPS:</b>	Yes	No	<b>LOCATION:</b>	<b>TYPE:</b>		<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
<b>WASHER &amp; DRYER IN UNIT:</b>	Yes	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"/> 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	<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	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

<b>COOLING</b>	<input type="checkbox"/> Central	<input type="checkbox"/> Wall Unit	<input type="checkbox"/> Other: _____
<b>HEATING</b>	<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.

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**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: \_\_\_\_\_

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