

Property Questionnaire



Thank you for your interest in WayPoint Residential Management. In order to determine how to most effectively manage your property, we ask that you complete the following to the best of your knowledge. Please do not feel obligated to provide answers to those items/situations of which you are not aware.

OWNER CONTACT INFO

Name: _____

Address: _____

Street/P.O. Box

City/State

Zip

Email Address: _____

Preferred Contact Phone #: _____ Other Phone #: _____

Preferred method of contact: Email Phone Mail Other: _____

Is the property currently occupied? Yes, by _____ No

Who should we contact to access the property? _____

Who referred you to our company? _____

ADDRESS AND DESCRIPTION OF PROPERTY

Rental Address (as used by the 911 System):

Street

City/State

Zip

Subdivision Name (if applicable): _____

Year Built: _____ # Bedrooms: _____ # Bathrooms: _____ Sq. Footage: _____

Type: Single Family Condo/Townhouse Duplex 3-4 Unit Furnished Unfurnished

Extra Rooms: Family Room Den/Office Loft Bonus Room Other: _____

Yard: Shared Full-Use Fenced Unfenced Partial

Parking/Garage: # of cars: _____ Attached Detached Other: _____

What keys or entry devices do you have for this property (door or mailbox keys, remotes, community facility cards, etc): _____ # of remote openers: _____

Garage Code or other access codes: _____ Off St Parking: _____

Washer/Dryer: Provided Hookups Only Coin On-Site None

Fireplace: Gas Wood Woodstove None Other: _____

Air Conditioning: GFA Window Other None

Exterior Amenity: Deck Patio Balcony Covered? Yes No Shed/Storage

Utility Providers:

Gas: _____ Avg Mo Bill: \$ _____ Power: _____ Avg Mo Bill: \$ _____

Water: _____ Avg Mo Bill: \$ _____ Sewer: _____ Avg Mo Bill: \$ _____

Trash: _____ Avg Mo Bill: \$ _____ Pick up day: _____

Other: _____

Is the property set up for cable internet and/or TV service? _____

Is there a satellite dish or TV antenna installed on the property and if so, what type? _____

Is there any known issue with cell service/coverage on or around the property? _____

OTHER PROPERTY DETAILS:

Furnace Filter Size/other special instructions on filter: _____

Location of Shut off Valves: _____

Appliance Info (Make and/or Model)

Refrig: _____ Stove: _____

Dishwasher: _____ Microwave: _____

Washer: _____ Dryer: _____

Other: _____ Other: _____

What personal property will be left at the property (i.e. washer dryer, furnishings, tools, etc) _____

Is the property on irrigation for lawn watering? Yes, District: _____ No

List any professional landscape or other regular services for the property: _____

Location of sprinkler clock: _____

Homeowners Association info (if applicable): _____

List any special features of the property (amenities, landscaping, special equipment or electronics, etc):

Was the building constructed within the last 12 months under an owner/builder permit? Yes No

If yes, were building permits obtained for any renovation or addition that required one? Yes No

