## **Rental Listing Questionnaire**



1.	Date:
2.	Owner/s Names:
3.	Property Address:
4.	City: State: Zip Code:
5.	Phone #'s: H: Office: Cell/s:/
6.	Email Address:
7.	Type of service needed: Tenant Placement or Management & Placement (Please Circle)
7. 8.	What is your target rent
9.	Availability Date
	Do you have more than one property to rent? Y or N
10.	If yes, where it is locatedHow many Units
	#Vacant #Rented
	"vacante nnentea
11.	Previously on MLS? Approx List Date:
	Is this an investment property? If so, how long have you owned?
	Do you currently occupy this property? If no, please list your current mailing
	address:
14.	Current mortgage payment per month:? (include principle, interest, property tax, and
	homeowner's insurance)
15.	Association Dues:(yes/no) If yes, list amount\$ and frequency:
16.	Do you a have current copy of CC and R's? Y or N Are there rental restrictions? Y or N
17.	Are you current on your monthly mortgage payments?
18.	Are you in foreclosure or short sale negotiation proceedings?
19.	Property Type: Apartment /Condo/Townhouse/Duplex/Single Family Home: List here:
20.	Floor Plan Style: (Rambler/ Two Story/ Mod. Two Story/ Split Entry/ Three Level/ Four Level, Other) De
	here:
	Bedroom Total:
	Bathroom Total: Master Bath?: yes/no
	Year built:
	Basement?yes/no – if yes, please describe:
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	<ul> <li>Total Sq Ft Finished :</li> <li>Above ground finished square feet?</li> <li>Below ground finished square feet finished?</li> <li>Garage Stall Number/s?: Outbuildings or Detached Garages? yes/no</li> <li>If yes, describe:</li> </ul>
<ul><li>22.</li><li>23.</li><li>24.</li><li>25.</li><li>26.</li><li>27.</li><li>28.</li><li>29.</li></ul>	If a house, do you need landscaping services? Y or N  Would you consider a section 8 tenant? Y or N  Would you consider someone with a previous foreclosure/short sale? Y or N  Would you consider not so perfect credit with a larger security deposit? Y or N  Would you like to review applicants package prior to placement? Y or N  Do you have a preferred maintenance company/person you want to use? Y or N  Would you like to enroll in home warranty plan? Y or N  List appliances included in rental:  Washer and dryer included?  Pets Allowed: yes/no - If yes, please explain specifications:
32.	Smokers allowed?yes/no – if yes, list areas smoking is allowed:  Lot Size: Irrigation System:yes/no  Handicap Accessible? yes/no – if yes, list details:

34. Additional Comments/Questions: please describe in detail:

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