



## RENTAL INFORMATION SHEET

PROPERTY ADDRESS: \_\_\_\_\_

OWNER'S NAME(S): \_\_\_\_\_

DATE: \_\_\_\_\_ NEW ACCOUNT: \_\_\_\_\_ RENEWAL: \_\_\_\_\_

DATE AVAILABLE FOR RENTAL: \_\_\_\_\_

MANAGEMENT: \_\_\_\_\_ YEAR ROUND (PLEASE COMPLETE SECTIONS 1,2,3,4,5,6,7,9,10,11)

MANAGEMENT: \_\_\_\_\_ 9 MONTHS/3 MONTHS (PLEASE COMPLETE SECTIONS 1-11)

MANAGEMENT: \_\_\_\_\_ SUMMER ONLY (PLEASE COMPLETE SECTIONS 1,2,3,4,5,6,7,9,11)

PLACEMENT: \_\_\_\_\_ YEAR ROUND (PLEASE COMPLETE SECTIONS 1-9)

PLACEMENT: \_\_\_\_\_ SUMMER ONLY (PLEASE COMPLETE SECTIONS 1-9)

### SECTION 1

OWNER NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SOCIAL SECURITY OR TAX I.D. # (REQUIRED): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

#### INSURANCE: (REQUIRED)

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POLICY: \_\_\_\_\_ AGENT: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**\*\*PLEASE PROVIDE A COPY OF YOUR INSURANCE POLICY OR CERTIFICATE OF INSURANCE\*\***

#### HOMEOWNER'S ASSOCIATION:

NAME OF HOA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PLEASE DO NOT FORGET TO INCLUDE THE W9 FORM  
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Broker's Initials (\_\_\_\_)(\_\_\_\_)

Owner's Initials(\_\_\_\_)(\_\_\_\_)

4354 N 82<sup>ND</sup> Street #201, Scottsdale, AZ 85251 Telephone (480) 381-4262 Fax (480) 393-7399





**SECTION 2**

**IN CASE OF EMERGENCY, CONTACT:**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**SECTION 3**

**UNIT INFORMATION: EXTERIOR:**

HOUSE \_\_\_\_\_ CONDO \_\_\_\_\_ DUPLEX \_\_\_\_\_ # OF UNITS IN COMPLEX \_\_\_\_\_

1 STORY \_\_\_\_\_ 2 STORY \_\_\_\_\_ TOWNHOUSE \_\_\_\_\_ MULTI-LEVEL \_\_\_\_\_ GROUND \_\_\_\_\_

1ST FLOOR \_\_\_\_\_ 2ND FLOOR \_\_\_\_\_ 3RD FLOOR \_\_\_\_\_ HIGHER \_\_\_\_\_ TH FLOOR

FURNISHED UNFURNISHED

**\*\*IF FURNISHED, PLEASE COMPLETE THE FURNITURE INVENTORY FORM\*\***

LOCATION:

MOUNTAIN VIEW \_\_\_\_\_ CITY LIGHTS \_\_\_\_\_ DESERT VIEWS \_\_\_\_\_ GREEN BELT \_\_\_\_\_

LOCATION OF UNIT IN COMPLEX: \_\_\_\_\_

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**SECTION 4**

**LOCATION OF THE FOLLOWING**

ELECTRICAL PANEL & MAIN DISCONNECT \_\_\_\_\_ KEY? \_\_\_\_\_

GAS SHUT-OFF \_\_\_\_\_ KEY? \_\_\_\_\_

WATER SHUT-OFF \_\_\_\_\_ KEY? \_\_\_\_\_

FIRE EXTINGUISHER/LOCATION \_\_\_\_\_ KEY? \_\_\_\_\_

**\*\*WE RECOMMEND AT LEAST ONE FIRE EXTINGUISHER IN THE KITCHEN OF THE UNIT\*\***

SMOKE DETECTORS/LOCATION \_\_\_\_\_

**\*\*PLEASE MAKE SURE THAT YOUR UNIT IS IN COMPLIANCE WITH ALL CITY, STATE, AND FEDERAL REQUIREMENTS FOR THE NUMBER AND LOCATION OF SMOKE DETECTORS\*\***

CARBON MONOXIDE DETECTOR(S) LOCATION \_\_\_\_\_

**\*\*IF YOU HAVE GAS IN YOUR UNIT AND DO NOT HAVE A CARBON MONOXIE DETECTOR, WE RECOMMEND THAT YOU HAVE ONE INSTALLED BEFORE YOU RENT TO VACATIONERS/TENANTS!\*\***

**SECTION 5**

PARKING: 1 SPACE \_\_\_\_\_ 2 SPACES \_\_\_\_\_ 1 CARPORT \_\_\_\_\_ 2 CARPORT SPACES \_\_\_\_\_ TANDEM

CARPORT \_\_\_\_\_ TANDEM SPACE \_\_\_\_\_ TANDEM GARAGE \_\_\_\_\_ 1 CAR GARAGE \_\_\_\_\_ 2 CAR

GARAGE \_\_\_\_\_ WHAT VEHICLES WILL NOT FIT? \_\_\_\_\_

# OF DOOR OPENERS (MIN 2) \_\_\_\_\_ PROBLEMS GETTING IN/OUT OF SPACE? \_\_\_\_\_

**SECTION 6**

DECK/PATIO \_\_\_\_\_ PRIVATE DECK/PATIO \_\_\_\_\_ SHARED DECK/PATIO \_\_\_\_\_ NONE: \_\_\_\_\_

YARD: YES \_\_\_\_\_ NO \_\_\_\_\_ SPRINKLER SYSTEM: YES \_\_\_\_\_ NO \_\_\_\_\_

BBQ: Yes \_\_\_ No \_\_\_ CHARCOAL \_\_\_\_\_ GAS \_\_\_\_\_ LOCATION OF BBQ \_\_\_\_\_

STORAGE AREA LOCATION \_\_\_\_\_

TRASH CONTAINER TYPE \_\_\_\_\_ LOCATION \_\_\_\_\_

KEY OR COMBINATION REQUIRED? \_\_\_\_\_ # OF CONTAINERS \_\_\_\_\_ COLLECTION DAY(S) \_\_\_\_\_

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**SECTION 7**

**UNIT INFORMATION: INTERIOR**

APPROXIMATE SQUARE FOOTAGE OF UNIT: \_\_\_\_\_

# OF BEDROOMS: ONE \_\_\_\_\_ TWO \_\_\_\_\_ THREE \_\_\_\_\_ FOUR \_\_\_\_\_ FIVE \_\_\_\_\_ OTHER \_\_\_\_\_

SLEEPS: 2-9 \_\_\_\_\_ 10-12 \_\_\_\_\_ OTHER \_\_\_\_\_

BED SIZES: TWIN \_\_\_\_\_ FULL \_\_\_\_\_ QUEEN \_\_\_\_\_ KING \_\_\_\_\_

SOFA SLEEPER \_\_\_\_\_ BUNK BED \_\_\_\_\_

**\*\*\*\*\*FOR FURNISHED UNITS ONLY\*\*\*\*\***

LINENS PROVIDED:

YEAR ROUND \_\_\_\_\_ FALL ONLY \_\_\_\_\_ SUMMER ONLY \_\_\_\_\_ NONE PROVIDED \_\_\_\_\_

**\*\*LINENS INCLUDE BEDDING, BATH TOWELS, KITCHEN TOWELS, OVEN MITTS, BEACH TOWELS, ETC.\*\***

# OF BATHROOMS: ONE \_\_\_\_\_ TWO \_\_\_\_\_ THREE \_\_\_\_\_ FOUR \_\_\_\_\_ FIVE \_\_\_\_\_ OTHER \_\_\_\_\_

DESCRIBE AMENITIES IN EACH (OVERSIZED TUB, SHOWER ONLY, ETC.) \_\_\_\_\_

DISHWASHER \_\_\_\_\_ GARBAGE DISPOSAL \_\_\_\_\_ MICROWAVE \_\_\_\_\_ COMPACTOR \_\_\_\_\_

GAS/ELECTRIC \_\_\_\_\_ STOVE \_\_\_\_\_ WASHER/DRYER \_\_\_\_\_ COIN? \_\_\_\_\_ IN UNIT? \_\_\_\_\_ NONE \_\_\_\_\_

AIR CONDITIONING \_\_\_\_\_ FIREPLACE HEATING TYPE: \_\_\_\_\_ GAS \_\_\_\_\_ ELECTRIC \_\_\_\_\_

# OF TV SETS \_\_\_\_\_ VCR'S \_\_\_\_\_ TAPES \_\_\_\_\_ DVD PLAYERS \_\_\_\_\_ DVDS \_\_\_\_\_ CABLE TV \_\_\_\_\_

STEREO \_\_\_\_\_ CD PLAYER \_\_\_\_\_ CDS \_\_\_\_\_

KITCHEN/DINING AREA DESCRIPTION: \_\_\_\_\_

LIVING AREA DESCRIPTION: \_\_\_\_\_

DESCRIBE YOUR FURNISHINGS/ CARPETING/ FLOORING/ WINDOW COVERS: \_\_\_\_\_

HAVE YOU RECENTLY REPLACED ANY OF THE ABOVE OR UPGRADED YOUR UNIT IN ANY FASHION ? \_\_\_\_\_

IS THERE ANY OTHER INFORMATION ABOUT THE UNIT THAT WE SHOULD KNOW? \_\_\_\_\_

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**SECTION 8**

UNIT PHONE NUMBER \_\_\_\_\_ LONG DISTANCE BLOCK? \_\_\_\_\_

PHONE DEPOSIT ? \_\_\_\_\_ IF YES, HOW MUCH IS THE DEPOSIT? \_\_\_\_\_

**SECTION 9**

FOUR (4) SETS OF KEYS FOR **EACH** UNIT: \_\_\_\_\_ TWO (2) MAILBOX KEYS: \_\_\_\_\_

FOUR (4) SECURITY DOOR AND/OR GATE KEYS: \_\_\_\_\_ FOUR (4) LAUNDRY ROOM KEYS: \_\_\_\_\_

ONE (1) EACH OF ANY METER ROOM KEYS, OWNER STORAGE KEYS, OR OTHER MISCELLANEOUS KEYS THAT ARE **NOT** FOR VACATONAERS OR TENANTS USE: \_\_\_\_\_

**SECTION 10**

PLEASE PROVIDE COPIES OF THE FOLLOWING:

- \_\_\_\_ LEASE (S)
- \_\_\_\_ RENTAL APPLICATIONS
- \_\_\_\_ SECURITY / PET DEPOSIT AGREEMENTS
- \_\_\_\_ MOVE-IN / MOVE-OUT SHEETS
- \_\_\_\_ BUILDING POLICIES
- \_\_\_\_ HOA CCR'S

**MONTHLY RENT:** \_\_\_\_\_ **SECURITY DEPOSIT:** \_\_\_\_\_

INDICATE WHO PAYS THE FOLLOWING: ( T=TENANT L=LANDLORD)

**GAS:** \_\_\_\_\_ **ELECTRIC:** \_\_\_\_\_ **WATER:** \_\_\_\_\_

PLEASE LIST ANY PROBLEM TENANTS, VERBAL AGREEMENT, SPECIAL INSTRUCTIONS, ETC THAT CLASSIFIED REALTY, INC. SHOULD BE AWARE OF: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**SECTION 11**

**UTILITIES / SERVICES**

WOULD YOU LIKE US TO PAY ANY OF THE FOLLOWING:

**COMPANY ACCOUNT#** \_\_\_\_\_ **TELEPHONE#** \_\_\_\_\_

YES  NO ELECTRICITY/GAS

YES  NO WATER

YES  NO TELEPHONE

YES  NO CABLE

YES  NO PEST CONTROL

YES  NO YARD MAINTENANCE

YES  NO TRASH SERVICE

YES  NO PROPERTY TAXES

YES  NO OTHER

CLASSIFIED REALTY, INC. IS AUTHORIZED TO RENT FURNITURE AS NEEDED FOR UNITS.  
CLASSIFIED REALTY, INC. WILL PAY, ON BEHALF OF OWNER, RENTAL PAYMENTS FOR SAID  
FUNITURE.

**\*\*PLEASE PROVIDE COPIES OF ALL CONTRACTS FOR THE ABOVE LISTED  
UTILITES/SERVICES\*\***

**\*\*PLEASE PROVIDE WARRANTY INFORMATION ON ALL APPLIANCES\*\***

**MANAGED PROPERTY ADDRESS:** \_\_\_\_\_

**OWNER' S NAME:** \_\_\_\_\_ **OWNER'S SIGNATURE:** \_\_\_\_\_

**OWNER'S SOCIAL SECURITY/EIN NUMBER** \_\_\_\_\_

**IF EIN, COMPANY NAME AND ADDRESS** \_\_\_\_\_

**OWNER'S HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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

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**SECTION 12**

**BANKING INFORMATION**

WHO DO YOU BANK WITH: \_\_\_\_\_

WOULD YOU LIKE DIRECT DEPOSIT: \_\_\_\_\_

NAME ON THE ACCOUNT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_



ROUTING NUMBER IS THE FIRST SET OF NUMBERS



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