



Post Office Box 2051
Waldorf, MD 20604-2051
Phone: 301-751-2932 or 301-751-3929
info@dmspropertiesllc.com

RESIDENTIAL MANAGEMENT INFORMATION SHEET

OWNER NAME (Primary) _____ SSN: _____

Phone (H) _____ (W) _____ (C) _____ (F) _____

OWNER NAME (2nd) _____ SSN: _____

Phone (H) _____ (W) _____ (C) _____ (F) _____

Forwarding Address: _____

E-Mail Address: _____

Prefer to receive monthly statements : _____ Mail _____ E-Mail

Emergency Contact: _____ Phone: _____

Current Tenant _____ Phone: _____

Property Address: _____

Pets: _____ Yes _____ No _____ OWC Date Built: _____ Management Fee: \$ _____

_____ Detached _____ Townhome _____ Condominium _____ Cooperative

Subdivision Name: _____ Move-In Fee \$ _____

HOA or Condo Association Name _____

Address _____

Phone Number _____

Parking Space # _____ Pass Required _____ Storage Space # _____

Mailbox # _____ Builder Warranty In Effect: Yes _____

Builder addendum to management agreement required

UTILITIES AND SERVICES

Rent Includes: Water ___ Sewer ___ Trash ___ Gas ___
Electric ___ Gardener ___ Pool Maintenance ___

Trash Pick Up Location and Schedule: _____

Type of Heat: Electric ___ Gas ___ Oil ___
Heat Pump ___ Forced Air ___ Hot Water ___

Location of Main Water Cut-off Valve _____

Location of the exterior hose bibs water turn-off valves: Front _____

Rear: _____ Side: _____

Location of Circuit Breaker Box _____

Location of utility meters and name of Utility Company:

Gas: _____

Electric _____

Water _____

Name and Phone for Gardener: _____

Name and Phone for Pool Service Company: _____

PLEASE FURNISH SKETCH OF SEPTIC TANK, DRAIN FIELD AND DISTRIBUTION BOX LOCATIONS

Well Pump Service Company and Phone: _____

PLEASE FURNISH SKETCH OF LOCATION OF WELL, ITS DEPTH, TYPE OF BORING AND PUMP HP

INSURANCE COVERAGE

Homeowner's Insurance Policy must be converted. ATTACH COPIES OF HAVE SENT

As indicated in Paragraph 13 of the management agreement, you must carry a Fire Insurance Policy on your rental property, as well as a Liability Insurance policy. Please cancel your Homeowner's policy, based on your insurance agent's instructions and have proper insurance coverage established through your insurance agent for fire, vandalism, malicious mischief, rent loss and liability, with DMS Properties, LLC named as additional insured. OWNER MUST PROVIDE A COPY OF POLICY WITHIN 10 DAYS.

Insurance Company: _____ Agent: _____

Address: _____

Phone: _____ Fax: _____ Policy #: _____

APPLIANCES:

Refrigerator (Icemaker __)	MAKE _____	AGE: _____
Stove	MAKE _____	AGE: _____
Cook Top	MAKE _____	AGE: _____
Wall Oven(s)	MAKE _____	AGE: _____
Microwave	MAKE _____	AGE: _____
Disposal	MAKE _____	AGE: _____
Dishwasher	MAKE _____	AGE: _____
Exhaust Fan/Hood	MAKE _____	AGE: _____
Trash Compactor	MAKE _____	AGE: _____
Central A/C	MAKE _____	AGE: _____
Furnace	MAKE _____	AGE: _____
Humidifier	MAKE _____	AGE: _____
Attic Fan	MAKE _____	AGE: _____
Hot Water Heater	MAKE _____	AGE: _____
Sump Pump	MAKE _____	AGE: _____
Dehumidifier	MAKE _____	AGE: _____
Washer	MAKE _____	AGE: _____
Dryer	MAKE _____	AGE: _____
Electronic Air Filter	MAKE _____	AGE: _____
Automatic Garage Opener	MAKE _____	AGE: _____
Garage Opener Code _____		
Security Alarm System	MAKE _____	AGE: _____
Security System Disarm Code _____	Monthly Cost \$ _____	
Company with Contract _____		

Please leave copies of appliance books in folder in kitchen

DMS Properties, LLC cannot guarantee the responsiveness of service company nor be responsible if service company cannot be contacted for repair service.

Appliance/Service: _____ Appliance/Service: _____

Contract Company: _____ Contract Company: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

KEY RECORD

Owner Provided to DMS Properties, LLC Front Door ____ Top Lock ____ Bottom Lock ____
Back Door ____ Top Lock ____ Bottom Lock ____
Side Door ____ Basement ____ Window Locks ____
Interior Door _____
Garage Door ____ Interior ____ Overhead
Garage Remote(s): # _____

HOUSING CONDITION QUESTIONNAIRE

1. Has the basement leaked within the past two years? Yes ___ No ___ What, if any, basement waterproofing repairs have been made within the past two years?

2. Has the roof leaked within the past two years? Yes ___ No ___ What type of roof do you have? _____ How old is it? _____ What, if any, roof repairs have been made within the past two years?

3. Has the plumbing system backed up within the past two years? Yes ___ No ___ What, if any, repairs or services have been mde within the past two years?

4. Is heat provided to all finished rooms? Yes ___ No ___ Comments: _____
When was the last time it was repaired or serviced? _____ Specifics? _____

5. Is the CAC gas ___ Electric ___ When was the last time it was repaired or serviced? _____

6. How much is the average monthly bill for Electricity \$_____ Gas \$_____ Fuel Oil \$_____

7. Other than the central heating and air-conditioning system, are any appliances, fans, motors, pumps, light fixtures or electrical outlets in need of repair? Yes ___ No ___ Specifics: _____

8. Are there any storm windows or screens on the premises that are not installed? Yes ___ No ___
Specifics: _____

9. What type of flooring materials exist in the areas covered by wall-to-wall carpeting:

Finished Hardwood ____ Plywood Sub-flooring ____ Other _____

10. Are the gutters and downspouts in need of any repair other than routine maintenance?

Yes ___ No ___ Specifics _____

11. What is the capacity, in gallons, of the hot water heater? _____ Gas _____ Electric _____

12. Does the property ever have standing water in front, rear or side yard more than 48 hours after a heavy rain? Yes ___ No ___ Specifics _____

13. Do fuses blow or circuit breakers trip when two or more appliances are being used at the same time? _____

14. Is there insulation in the ceiling/attic? Yes _____ No _____ Unknown _____

15. Has the property ever had termites? No _____ Yes _____ If Yes, When? _____

Date of last termite inspection _____

16. Any additional information that you would like to give us? _____

OWNER: _____ DATE: _____

OWNER: _____ DATE: _____