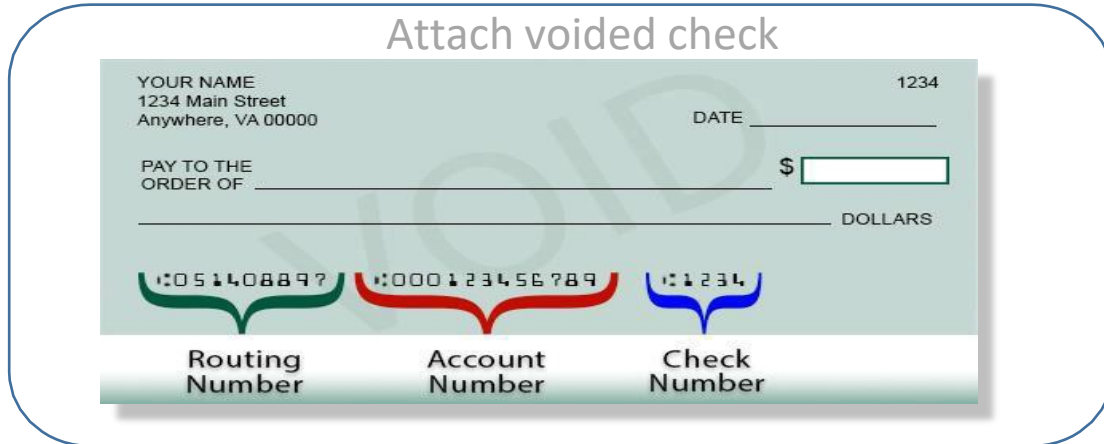




The following information is needed for your rental home, please fill out ALL fields:

Bank account information: This information will be used to make your deposit directly into your account. (Deposits occur on or about the 10th of each month) Please attach a voided check below:



CHOOSE ONE:  Checking Account  Savings Account

Please list FULL NAME of Utility company and who will be responsible for the bill each month when tenant occupied.

Electric: \_\_\_\_\_  Owner  Tenant  HOA  N/A Account Number: \_\_\_\_\_

Gas: \_\_\_\_\_  Owner  Tenant  HOA  N/A Account Number: \_\_\_\_\_

Water: \_\_\_\_\_  Owner  Tenant  HOA  N/A Account Number: \_\_\_\_\_

Sewer: \_\_\_\_\_  Owner  Tenant  HOA  N/A Account Number: \_\_\_\_\_

Garbage: \_\_\_\_\_  Owner  Tenant  HOA  N/A Account Number: \_\_\_\_\_

Garbage Pickup Day:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Cable TV: \_\_\_\_\_  Owner  Tenant  HOA  N/A

Landscaping: \_\_\_\_\_  Owner  Tenant  HOA  N/A

Landscaping Day:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Irrigation Location: \_\_\_\_\_  Front  Back  N/A

Washer/Dryer: \_\_\_\_\_  Included  Hook-ups  Community  Off-Site

Garage Door Code: (if applicable) \_\_\_\_\_

Alarm Code: (if applicable) \_\_\_\_\_

Mail Box # \_\_\_\_\_ Mail Box Location \_\_\_\_\_

Parking Space # \_\_\_\_\_



Garage:  Attached  Detached  NA

Number of Garage Bays: \_\_\_\_\_

Does the home have Central Air Conditioning? Yes \_\_\_\_ No \_\_\_\_

Is the stove Gas or Electric \_\_\_\_\_

Is there a Microwave? Yes \_\_\_\_ No \_\_\_\_

Appliances: Stainless Steel \_\_\_\_ Black \_\_\_\_ White \_\_\_\_

Countertops Surface: Laminate \_\_\_\_ Granite \_\_\_\_ Quartz \_\_\_\_ Other \_\_\_\_\_

Heat Source: Forced Air \_\_\_\_ Baseboard \_\_\_\_ Heat Pump \_\_\_\_ Cadet \_\_\_\_ Other \_\_\_\_\_

Do you have a Home Warranty? Yes \_\_\_\_ No \_\_\_\_\_

Fenced Yard Yes \_\_\_\_ No \_\_\_\_ Partially Fenced Yes \_\_\_\_ No \_\_\_\_ Deck/Patio Yes \_\_\_\_ No \_\_\_\_

Fireplace Yes \_\_\_\_ No \_\_\_\_ Gas \_\_\_\_ Wood Burning \_\_\_\_\_

Home Owners Association:  YES  NO Will the HOA allow a For Rent Sign:  YES  NO

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Link to HOA CC&R: \_\_\_\_\_

**Pets:**  No Pets Allowed  Pets Negotiable  
 Cats Allowed  
 Dogs Allowed Maximum weight allowed: \_\_\_\_\_

If a tenant has a companion/therapy/support animal, per Federal Fair Housing, it is illegal to say no.

**Smoke Detectors:**  Hardwired  10 year Lithium w/hush button **Date tested:** \_\_\_\_\_

**Carbon Monoxide Detectors:** (Must be in place prior to tenant occupancy per Oregon Law)

Hardwired  Plug in **Date Tested:** \_\_\_\_\_

**Keys:** We require four (4) sets of keys. Two sets for tenants and two sets for our office. If there is a garage opener, mail key, storage key, pool key or other device required, please leave them inside the home on the kitchen counter. Please drop off keys to our office, Monday-Sunday, 8:30am – 5:30pm. Our address is 18676 Willamette Drive, Suite 100, West Linn, OR 97068. We have a drop box located at the back of the building if our hours do not work for your schedule.

**Any special circumstances PropM or the potential tenant would need to know:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date