



Thank you for choosing SunWorld Group! This property information sheet gives us the knowledge we need for better assisting your tenants and properly maintaining your rental property. Please click to check all boxes that apply, utilize the drop-down menus, and fill in the blanks to the best of your knowledge then return the form.

Property Owner(s)/Company Name:

Property Address:

Home Owner's Association

HOA Fees are the responsibility of the Owner.

Is there an HOA? ☐ Yes ☐ No ☐ Unknown

Have you provided copies of Rules & Regulations? ☐ Yes ☐ No

List all Shared Common areas? (Ex: Pool, Gym, etc.)

How do you access the Common Areas?

Name of Association:

Contact Email:

Phone Number:

Address:

Gated Community? ☐ Yes ☐ No

Key Fob or Gate Opener? ☐ Yes ☐ No

Gate Code? ☐ Yes ☐ No Code:

Air Conditioning: ☐ Yes ☐ No

Last Serviced on:

Type:

Filter Size:

Filter Last Changed On:

Furnace Type: Choose an item.

Last Serviced on:

Filer Changed on:

Filter Size:

Fuel Tank: ☐ Yes ☐ No

Location:

Fuel Type: Choose an item.

Last Serviced on:

Hot Water Heater: ☐ Electric ☐ Gas

Location:

Size:

Fireplace(s) ☐ Yes ☐ No How Many?  Last Inspected?   
Location:   
Type: Choose an item.

Smoke DetectorType: ☐ Battery ☐ Hardwire ☐ Hardwired with Battery Back Up ☐ Unknown  
Carbon Monoxide DetectorType: ☐ Battery ☐ Hardwire ☐ Hardwired with Battery Back Up ☐ Unknown

Is there crawl space access? ☐ Yes ☐ No Location:   
Is there attic access? ☐ Yes ☐ No Location:

Sprinkler System: ☐ Yes ☐ No

Please provide detailed operating instructions:

Home Security System: ☐ Yes ☐ No Code:

Provider Name:

Contact Number:

☐ Owned or ☐ Leased Months Left on Contract?

Is the cost of the system Owner paid? ☐ Yes ☐ No If no, cost per month is:

Instructions:

Appliances Provided With Home:

Refrigerator: ☐ Yes ☐ No Brand/Model #:

Microwave: ☐ Yes ☐ No Brand/Model #:

Dishwasher: ☐ Yes ☐ No Brand/Model #:

Oven/Range: ☐ Yes ☐ No Brand/Model #:

Washing Machine: ☐ Yes ☐ No Brand/Model #:

Dryer: ☐ Yes ☐ No Brand/Model #:

Garbage Disposal: ☐ Yes ☐ No

Mailbox:

☐ Door Slot   ☐ On Property   ☐ Other Location:

Box Number:

Home Exterior:

<input type="checkbox"/> HotTub	Last Serviced? <input type="text"/>	Is it winterized? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pond/Water Feature	Last Serviced? <input type="text"/>	Is it winterized? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pool	Last Serviced? <input type="text"/>	Is it winterized? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parking:   ☐ Attached Garage   ☐ Detached Garage   ☐ Carport   ☐ Driveway   ☐ Parking Space

Parking Space #:    Garage Code:    Remote Opener? ☐ Yes   ☐ No

Are parking passes required? ☐ Yes   ☐ No   Are parking passes required for visitors? ☐ Yes   ☐ No

Limit on # of Vehicles?    RV Parking? ☒ Yes   ☐ No

House Features:

Shed? ☐ Yes   ☐ No   Tenant Use? ☐ Yes   ☐ No

Green House? ☐ Yes   ☐ No   Tenant Use? ☐ Yes   ☐ No

Storage? ☐ Yes   ☐ No   Tenant Use? ☐ Yes   ☐ No

Utilities:   Please indicate which of the following are the tenant's responsibility.

<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Garbage	<input type="checkbox"/> Lawn Service
<input type="checkbox"/> Electricity	<input type="checkbox"/> Paid Parking Space	<input type="checkbox"/> Gas

Water:   ☐ Public   ☐ Well   Water Shut Off Location?

Have you had any of the following in the past 12 months?

☐ BackflowTest   ☐ BacteriaTest   ☐ Chemical ContentTest

Sewer:   ☐ Public   ☐ Septic

Last Pumped:

Location of Septic:

Home Warranty:    ☐ Yes    ☐ No

Warranty Company Name:

Policy Number:

Contact Number:

Contact Email:

Pets:

Are pets allowed?    ☐ Yes    ☐ No

Any special restrictions?

Please provide any additional information or special instructions about your rental property: