

Property Address: _____

Management Check List

New West is committed to providing professional management services to our clients. In order to fulfill our property management obligations the following information/items are needed.

RECEIVED

Yes ___ NO ___ Signed Management Agreement/Duties Owed forms

Yes ___ NO ___ Landlord Insurance Declaration Page; NWPM name & address must be listed on policy as additional insured ****IMPORTANT**** Must be submitted within 15 days of executing management contract; lease contract will not be executed with a new tenant until policy is provided. NWPM will not manage property without it.

Yes ___ NO ___ Proof of current mortgage. If applicable.

Yes ___ NO ___ Leasing Fee & Minimum Referral Commission **\$500.00** payable to New West Property Management ****CERTIFIED FUNDS, (I.E. CAHSIERS CHECK, MONEY ORDER****

Acknowledge Yes ___ Reserve **\$250.00 (minimum) to be deducted from first month rent**

Yes ___ NO ___ Cleaning: Property must have professionally cleaned carpets & be in move in condition with all personal items removed, NWPM will not be held responsible for stolen property.

Yes ___ NO ___ Water & Electric ON (required)

Yes ___ NO ___ N/A ___ Additional funds \$ _____ to cover cleaning, lawn svc., etc.
Yes ___ NO ___ N/A ___ Rules & Regulations for HOA (Homeowners Association)
Yes ___ NO ___ N/A ___ Name & Phone # for Home Owners Assoc. Management Company
Yes ___ NO ___ N/A ___ Home Warranty: Contract #, Phone #, Expiration date
Yes ___ NO ___ N/A ___ Mortgage Statements if using debt service
Yes ___ NO ___ N/A ___ HOA Payment Coupon/Statement if using debt service

Full sets of keys to include: (Owner will reimburse tenant if not provided)

____ 2 Mailbox keys and mailbox number: ____ 3 Door keys (3 of each lock)
____ 1-2 sets Pool/gate/clubhouse keys ____ Garage remotes (1 per bay)
____ 2 Gate remotes/cards and gate access code: _____

Lawn Maintenance: Owner Responsibility: YES ___ NO ___ or VACANT only: _____

NWPM activate lawn service: YES ___ (3 months advance payment required)

Name & phone # of Lawn Service Company if owner is contracting: _____

Owner signature

Date

Owner signature

Date