



652-G North Beal Parkway  
 Fort Walton Beach, FL 32547-3577  
 (850) 863-3292(850) 862-3440Fax  
 ms@sundance.gccoxmail.com



**OWNER'S DATA SHEET**

When do you anticipate returning to the property? \_\_\_\_\_

Today's Date: \_\_\_\_\_ Property Manager: \_\_\_\_\_

Property Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Units: \_\_\_\_\_ Type: 

S/F	Multi	Comm
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**For 1099 Purposes, Please provide Owner Name** \_\_\_\_\_

**For 1099 Purposes, Please provide Owner's Social Sec #** \_\_\_\_\_

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

Address: 

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City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**PROCEEDS/DISBURSEMENT INFORMATION:**

*Please provide Sundance Rental Management, Inc. with a voided check*

Directly to Owner Monthly?  YES  NO Retain Overage until Owner's Notification  YES  NO

Deposit Directly into acct  YES  NO Routing # \_\_\_\_\_ Acct # \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Make maint. fee payment  YES  NO Due Date: \_\_\_\_\_ Amt \_\_\_\_\_

Association Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



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**\*\*PROPERTY INFORMATION\*\***

Property Address \_\_\_\_\_ County \_\_\_\_\_  
 City, St Zip \_\_\_\_\_ Cross Street \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_ Special Features: \_\_\_\_\_  
 Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_ Renew Date \_\_\_\_\_  
 Termite Bond Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Renew Date \_\_\_\_\_  
 Is prop. title subject to pending legal action/foreclosure?  YES/NO Was any/all remodels properly permitted?  YES/NO  
 Are lot boundaries different from what is obvious?  YES/NO  
 Additional info/condition that prospective tenant should know? \_\_\_\_\_  
 Are there any unusual lease terms/conditions you would like imposed? \_\_\_\_\_

Sq. Ft. \_\_\_\_\_ Year Built \_\_\_\_\_ # of B/R  # of BA  Covenants?  NO / YES (provide copy)

**\*\*APPLIANCES TO REMAIN(Make and Model)\*\***

Refrigerator	_____	Dishwasher	_____
Range/Oven	_____	Disposal	_____
Cook top	_____	Trash compactor	_____
Separate Oven	_____	Washer	_____
Microwave	_____	Dryer	_____

**\*\*MECHANICAL INFORMATION(Make, Model and Remaining Warranty)\*\***

Air Conditioning/Heating System Type/Year Installed \_\_\_\_\_  
 Is all plumbing in working order?  YES / NO Main water turn-off location \_\_\_\_\_  
 Water Heater Type/Size/Gallons: \_\_\_\_\_ Electric, Gas or Solar \_\_\_\_\_  
 Furnace type(Circle One): \_\_\_\_\_ Electric/Gas/Oil/Other \_\_\_\_\_ Date/Result of Last Service: \_\_\_\_\_  
 Lawn Equipment \_\_\_\_\_ (Make, Model, Warranty) \_\_\_\_\_ Lawn Pump \_\_\_\_\_  
 Sprinkler System \_\_\_\_\_ Automatic Timer \_\_\_\_\_  
 Turnoff Location \_\_\_\_\_  
 Garage Door Opener \_\_\_\_\_ Number of remotes \_\_\_\_\_  
 Pool Equipment \_\_\_\_\_ (Make, Age, Warranty) \_\_\_\_\_ Pool Size \_\_\_\_\_  
 Concrete/Gunite/Vinyl \_\_\_\_\_ (Full or bottom) \_\_\_\_\_ Cleaning Accessories \_\_\_\_\_  
 Whirlpool/Hot Tub \_\_\_\_\_ Automatic Chlorinator \_\_\_\_\_  
 Pump \_\_\_\_\_ Heater \_\_\_\_\_  
 Do all windows lock?  YES / NO Comments \_\_\_\_\_

**\*\*PERSONAL/ATTACHED PROPERTY TO REMAIN ON PREMISES:\*\***

# Of smoke detectors \_\_\_\_\_ Carbon Monoxide Detector \_\_\_\_\_

Grill (Type) \_\_\_\_\_ Fireplace Screen/Equipment (Type) \_\_\_\_\_

**Ceiling Fans(Number and Locations)**

Kitchen	<input type="text"/>	Living Room	<input type="text"/>	Dining Room	<input type="text"/>	Baths	<input type="text"/>
Great Room	<input type="text"/>	Bedroom 1	<input type="text"/>	Bedroom 2	<input type="text"/>	Bedroom 3	<input type="text"/>
Bedroom 4	<input type="text"/>	Others: _____					

Alarm System: YES / NO Instructions : \_\_\_\_\_

Monitored? YES / NO Company: \_\_\_\_\_

Are there any Hurricane Preparatory Materials provided? YES/NO

Do you have special instructions for tenants in regards to Hurricanes? YES/NO \_\_\_\_\_

**\*\*FLOOR/WALL COVERING\*\***

Carpet/Color/Type \_\_\_\_\_ Vinyl \_\_\_\_\_ Tile(cracks/mortar problems) \_\_\_\_\_

Wood(Note condition of finish)	Damp Mop	YES / NO	Wax	YES / NO
Hardwood Floors	Damp mop	YES/ NO	Wax	YES / NO

Wall Covering, \_\_\_\_\_

Interior Paint(Brand & Color Code) \_\_\_\_\_

If different in rooms, please list room and paint/color/sheen \_\_\_\_\_

Ext Paint (Brand/Color Code) \_\_\_\_\_

Date fireplace was cleaned last/results? \_\_\_\_\_ Exterior Wood (Note Areas That Are Rotten or Weak) \_\_\_\_\_

Roof type? \_\_\_\_\_ Age \_\_\_\_\_

Warranty \_\_\_\_\_ Does it leak? YES / NO

**\*\*UTILITY INFORMATION (Please Tell Us Which Company Provides Service):\*\***

Electric Company \_\_\_\_\_ Location of: \_\_\_\_\_

Water/Sewer/Garbage \_\_\_\_\_ Cable Outlets \_\_\_\_\_

Gas \_\_\_\_\_ Telephone Outlets \_\_\_\_\_

**\*\*OTHER RENTAL INSTRUCTIONS/RESTRICTIONS:\*\***

Pets Allowed YES / NO Pet Fee Required YES / NO Smokers Allowed? YES / NO

Limitations \_\_\_\_\_

Keys(How Many)	Front Door	Back Door	Garage	Dead Bolt	Mail Box
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Other Notes \_\_\_\_\_