



652-G North Beal Parkway
 Fort Walton Beach, FL 32547-3577
 (850) 863-3292(850) 862-3440Fax
 ms@sundance.gecoxmail.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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Owner: _____ SSN: _____

Address: _____

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 _____

Mortgage		HOA Due		Taxes		Insurance		Other	
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Name	_____	Acct. #	_____
Address	_____		
	City, ST Zip		

Name	_____	Acct. #	_____
Address	_____		
	City, ST Zip		



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****PROPERTY INFORMATION****

Property Address _____ City, St Zip _____

County _____ Cross Street _____

Insurance Co _____ Policy # _____ Renew Date _____

Termite Bond Co. _____ Policy # _____ Renew Date _____

Is property title subject to pending legal action/foreclosure? YES/NO NO
 Were any/all remodeling properly permitted? YES/NO NO

Are lot boundaries different from what is obvious? YES/NO 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)

Subdivision Name _____ Special Features: _____

****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 _____

Is all plumbing in working order? YES / NO NO Main water turn-off location _____

Water Heater Type: Electric, Gas or Solar _____ Gallons _____

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 _____ Where are 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 NO Comments _____

School Info Elementary: _____ High: _____

Middle _____ Other Info: _____

****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
Please specify _____

****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	<input type="text"/>	Damp mop	YES/ NO	Wax	YES / NO
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Wall Covering _____

Interior Paint(Brand & Color Code) _____ Ext Paint (Brand/Color Code) _____

Date fireplace was cleaned last/results? _____ Exterior Wood (Note Arcas That Are Rotten or Weak) _____

Roof type? _____ Age _____

Warranty _____ Does it leak? YES / NO

Insulation and Type? Ceiling _____

Exterior Walls _____ Thermal Window _____

Storage Facilities: YES _____ NO _____ Type? _____

Condition? _____

****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 _____ Limitations _____
Pet Fee Required _____ Amount _____
Smokers Allowed _____ Limitations _____

Keys(How Many) Front Door _____ Back Door _____ Garage _____ Dead Bolt _____ Mail Box _____

Other Notes _____