



650 North Beal Parkway  
 Fort Walton Beach, FL 32547  
 (850) 863-3292 | (850) 862-3440 Fax  
 ms@sundance-rentals.com



**\*\*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 \_\_\_\_\_

Home Warranty Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Renew Date \_\_\_\_\_

Is prop. title subject to pending legal action/foreclosure?  YES/NO  NO  
 Was any/all remodels 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)

**\*\*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  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  NO \_\_\_\_\_

**\*\*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	_____	Living Room	_____	Dining Room	_____	Baths	_____
Great Room	_____	Bedroom 1	_____	Bedroom 2	_____	Bedroom 3	_____
Bedroom 4	_____	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 \_\_\_\_\_



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OWNER'S DATA SHEET

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

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

Name, as reported to IRS \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, ST Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Phone: Cell \_\_\_\_\_

Phone: Work \_\_\_\_\_ Phone: Other \_\_\_\_\_

Email \_\_\_\_\_

Additional Email \_\_\_\_\_

Spouse / Co-Owner \_\_\_\_\_ SSN \_\_\_\_\_

Address, if different \_\_\_\_\_

City, ST Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Phone: Cell \_\_\_\_\_

Phone: Work \_\_\_\_\_ Phone: Other \_\_\_\_\_

Email \_\_\_\_\_

Additional Email \_\_\_\_\_

Should property be split? \_\_\_\_\_ How (Percentage) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is the property governed by an Association? \_\_\_\_\_

Name of Association \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone/Email \_\_\_\_\_

Do you want the HOA fees taken from the rental proceeds? \_\_\_\_\_

Copies of the Covenants/Restrictions and payment coupons must be provided to our office

**By checking this box I agree to electronic delivery of my 1099**

**PROCEEDS/DISBURSEMENT INFORMATION:**

Please provide Sundance rental Management, Inc. with a **Voided Check**

If an New Tenant Only the law requires that you have a Florida Bank Account

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name: Sundance Rental Management, Inc. Company ID Number: 59-3760049

I/we hereby authorize Sundance Rental Management, Inc., hereinafter called COMPANY, to initiate CREDIT entries to my( )/our( ) Checking( ) Savings ( ) account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to CREDIT the same to such account. I (we) will provide Sundance Rental Management, Inc. with a voided check to ensure that the correct routing number and account number is on record.

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

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

Routing Number: \_\_\_\_\_ Account No.: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from the undersigned of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signed X: \_\_\_\_\_ Signed X: \_\_\_\_\_

(NOTE: All credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.)