

Bell Tavern

Property Services

Application for Management Services

Property Owner Information

Name (s): _____
Current Property Address: _____
Current Telephone (Primary) _____
Future Mailing Address (if known): _____
Email Address: _____

Information for Lease

Why Choosing to Lease Property? Moving Away Moving to Larger Home Unable to Sell
 Investment Ex-Patriot Assignment Other: _____
What Date (Approximate) to Start Renting: _____
Preferred Term in Years or Estimated End Date: _____
What Do You Estimate Your Property to Be Worth in Rent per Month: \$ _____
Appliances Included: Dishwasher Refrigerator Microwave Washer/Dryer Central A/C Stove
Current Lawn Maintenance Service: _____ Current Snow Removal _____
Is the Property part of a HOA? HOA MNGR _____
Special Features of Property: _____

Conditions for Tenants (Check All that Are Permitted)

<input type="checkbox"/> Dogs	<input type="checkbox"/> Tenant Building Improvements
<input type="checkbox"/> Cats	<input type="checkbox"/> Garden
<input type="checkbox"/> Smoking	<input type="checkbox"/> Minor Appliances Substitutions
<input type="checkbox"/> More than 4 Occupants	<input type="checkbox"/> Subletting
<input type="checkbox"/> Painting of Walls	<input type="checkbox"/> Use of Aroma generating products

Preference in Receiving Rents:

Electronic Funds (EFT) Mailed Check Checking Deposit Cash

*** If EFT, Routing and Account Number will be required for transactions.

Financial Information for Investment Analysis (if requested, please provide)

Current Primary Mortgage Payment: \$ _____ (If Escrowed, provide total)

Current Secondary Mortgage Payment: \$ _____

If not Escrowed, then annual amounts for:

Taxes: \$ _____

Insurance: \$ _____

Mortgage Balance: \$ _____

Interest Rate _____% Interest Term _____ years _____ Fixed _____ Variable

Approximate Household Income, Annual (Determines overall investment return) \$ _____, _____