

Owner Information

Property Addresses to be Managed: _____

Owner No. 1: _____ SS#: _____ DOB: _____

Owner No. 2: _____ SS#: _____ DOB: _____

Owner No. 3: _____ SS#: _____ DOB: _____

Company Name (if applicable): _____

Company is a (please check) Corporation Limited Partnership LLC LLP Trust Corporate ID#: _____

Owner Address: _____ City _____ State _____ Zip _____

Desired Contact Person: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Cell Phone: _____ Best Contact: Cell Home Work

Monthly & Annual Statements should be sent via (check one): Email Regular Mail

Payments should be made via (check one): Direct Deposit (preferred) Mail

Make checks payable to: _____

For Direct Deposit: Please attach a voided check or provide the following:

Bank Routing Number: _____ Account Number: _____

Account in the name of: _____ Account Type (check one): Checking Savings

If possible I would like my statement sent between (choose one): 5th-10th 10th-15th 15th-20th 20th-25th Last Day of Month

If the timeframe you prefer is not available would you prefer: earlier in the month later in the month?

If you have multiple LLCs or Ownerships – May we co-mingle funds?

Yes

No

I would like 605 Premier Property Management, LLC to execute the following services:

Contact Owner for all **Non-Emergency** repairs

Pay Common Area Utilities

Pay Property Taxes

Pay Condo Fess

Shovel and Salt as needed at MPI Labor Rates

Mow Lawn as needed at MPI Labor Rates

Pay Water Bills – we will pay water bills for single family buildings and bill tenants on a quarterly basis

Water Co Acct Number _____

Other _____

If you want 605 Premier Property Management, LLC to pay your mortgage or condo fees, you **MUST** provide MPI with payment coupons or actual bills. If you would like MPI to pay bills prior to having a tenant you will need to deposit additional funds into your operating reserve.

Please Initial _____

Rental Information for Vacant Units

Property Address: _____

Rental Criteria: Our base criteria is no eviction action in the past year and no judgments of eviction in the past 5 years. After an eviction or eviction action, the prospective tenant must have a satisfactory landlord reference from a non-relative for at least 6-months. They also can not have a violent felony in the past 5 years, or drug convictions in 10-years.

I would prefer the following criteria for my property: Would you like final approval of applications? Yes

Evictions: None in ___-years None Ever **Drug Convictions:** None in ___-years None ever

Do you want a minimum credit score of 600 to approve an application? Yes No

We normally use a month-to-month rental agreement. **I would prefer a 1-year Lease.** Yes

This is a "smoke-free" building. Yes **Do you require tenant's to carry renter's insurance.** Yes

Our policy is to not allow pets. We would prefer to keep a strict no-pet policy.

Do you allow cats? Yes **Do you allow dogs?** Yes If yes, is there a weight limit for dogs? _____ lbs.

Maximum Allowed Cats _____ **Maximum Allowed Dogs** _____ **Maximum Allowed Total Cats & Dogs** _____

Will an increase in rent be required? Yes How Much? No

Will an increased security deposit be required? Yes How Much? No

Per fair housing guidelines, tenants and prospective tenants with service/ support animals will not be denied rental terms, be subject to evictions, or have extra compensation required based on having an such an animal.

Other Criteria:

RENT SPECIALS: When renting your property, may we offer an incentive to prospective tenant?

\$200 Off the 1st Month's Rent

\$300 Off the 1st Month's Rent

1/2 Off the 1st Month's Rent

1st Month Free

\$ _____ Off the Security Deposit

1/2 Off the Security Deposit

No Security deposit

KEYS & LOCKS: To make showings easier may we change the locks to our master key system? Yes (Standard labor rates apply.)

If not, we will change the locks to our system upon tenant move-outs. Standard labor rates will apply.

Please Initial _____

Current Tenant / Unit Information

Building Address				
Unit Address				
Unit Location <small>Upper Lower</small>				
Tenant's Name(s)	<input type="checkbox"/> Vacant	<input type="checkbox"/> Vacant	<input type="checkbox"/> Vacant	<input type="checkbox"/> Vacant
Tenant Phone No(s)				
Lease ends or MTM				
Monthly Rent				
Security Deposit				
Late Fee - After Day	\$_____ after the ____	\$_____ after the ____	\$_____ after the ____	\$_____ after the ____
Current Balance Due				
<small>Check if tenant pays for water</small>				
Parking - Garage	No of Spaces _____ No of Openers _____	No of Spaces _____ No of Openers _____	No of Spaces _____ No of Openers _____	No of Spaces _____ No of Openers _____
Parking - Off Street	No of Spaces _____	No of Spaces _____	No of Spaces _____	No of Spaces _____
Please Check the Appliances You Provide	<input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Dishwasher <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Central Air <input type="checkbox"/> Window/Wall A/C <input type="checkbox"/> Snow Blower <input type="checkbox"/> Lawn Mower <input type="checkbox"/> _____	<input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Dishwasher <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Central Air <input type="checkbox"/> Window/Wall A/C <input type="checkbox"/> Snow Blower <input type="checkbox"/> Lawn Mower <input type="checkbox"/> _____	<input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Dishwasher <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Central Air <input type="checkbox"/> Window/Wall A/C <input type="checkbox"/> Snow Blower <input type="checkbox"/> Lawn Mower <input type="checkbox"/> _____	<input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Dishwasher <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Central Air <input type="checkbox"/> Window/Wall A/C <input type="checkbox"/> Snow Blower <input type="checkbox"/> Lawn Mower <input type="checkbox"/> _____
Please Items the Tenants are Responsible for Paying For	<input type="checkbox"/> Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Cooking Gas <input type="checkbox"/> General Electric <input type="checkbox"/> Water & Sewer <input type="checkbox"/> Lawn Care <input type="checkbox"/> Snow Reoval <input type="checkbox"/> Septic Cleanout	<input type="checkbox"/> Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Cooking Gas <input type="checkbox"/> General Electric <input type="checkbox"/> Water & Sewer <input type="checkbox"/> Lawn Care <input type="checkbox"/> Snow Reoval <input type="checkbox"/> Septic Cleanout	<input type="checkbox"/> Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Cooking Gas <input type="checkbox"/> General Electric <input type="checkbox"/> Water & Sewer <input type="checkbox"/> Lawn Care <input type="checkbox"/> Snow Reoval <input type="checkbox"/> Septic Cleanout	<input type="checkbox"/> Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Cooking Gas <input type="checkbox"/> General Electric <input type="checkbox"/> Water & Sewer <input type="checkbox"/> Lawn Care <input type="checkbox"/> Snow Reoval <input type="checkbox"/> Septic Cleanout
Do You Allow Pets? Pet Info - Type Pet Info - Breed Additional Deposit	<input type="checkbox"/> Yes _____ _____ \$ _____	<input type="checkbox"/> Yes _____ _____ \$ _____	<input type="checkbox"/> Yes _____ _____ \$ _____	<input type="checkbox"/> Yes _____ _____ \$ _____

Please Initial _____

Current Tenant/Unit Information

Page 2

Building Address				
Unit Address				
No. of Bedrooms				
No. of Bathrooms				
Is there a Dining Room?				
Family Room?				
Den?				
Sun Room?				
Finished Basement?				
Fireplace?				
Fenced Yard?				
Is there a well? Is there a Septic System? How often for cleanout? is it on auto cleanout? Company & Phone No.	<input type="checkbox"/> Yes <u>More Information:</u> <input type="checkbox"/> Yes _____ <input type="checkbox"/> Yes Company: _____			
Is there a water Softener? How often for Salt?	<input type="checkbox"/> Yes <u>More Information:</u> _____			
Is there a maintenance contract for the building.	<input type="checkbox"/> Yes If Yes, Company & Phone No:			
Has the building had lead orders?	<input type="checkbox"/> Yes If Yes, When?:			
Other Information:				

Please Initial _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																													
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: left;">Social security number</th> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> <tr> <td colspan="4"></td><td style="text-align: center;">-</td><td colspan="2"></td><td style="text-align: center;">-</td><td colspan="2"></td> </tr> </table>	Social security number																						-			-		
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																													
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Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

RECORD OF SMOKE AND CO ALARM TESTS

TENANT OCCUPIED UNITS

Property Address: _____ Unit # _____ Common Areas _____

Owner/Agent for Property: _____

Name of Tester and Relation to Property: _____, Agent

Signature of Tester: _____ Date: _____

Phone Number of Tester: _____

Alarm tested by depressing test button per manufacturer's specifications. If Alarm is inoperable or has visible defects or damage, Alarm shall be replaced.

Location of Smoke Alarm	Is it a "Hush" Detector?	Tested	Working	If No, Alarm		Comments
				Alarm Replaced	Battery Replaced	
Sleeping Area - Front	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Sleeping Area - Middle	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Sleeping Area - Rear	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Bottom of Basement Steps	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Additional Alarm Location*	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Additional Alarm Location*	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
CO Detector – 15' of Stove	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
CO Detector - Hallway	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
CO Detector - Basement	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**For Additional Alarm Locations please write location in comments.*

Total Number of Smoke Detectors Tested: _____

Total Number of CO Detectors Tested: _____

Smoke detector rules and locations

One alarm must be installed in the following locations:

- In the basement, at the bottom of the stairs
- At the head of every stairway on each floor level in the building (common hallways)
- Within 6' of each sleeping area
- Within a finished attic being used by the tenant
- **NOT** in the kitchen
- If the Alarm is within 20' of the primary cooking appliance it **MUST** be a "Hush" Detector

CO detector rules and locations

One CO detector to be installed in the following locations:

- Within 15' of any gas stove, preferably on the other side of the door leading to a bedroom
- In a basement with a gas furnace, gas water heater, or gas dryer
- In a common hallway outside any unit that has a current gas hookup for the stove