



NEW PROPERTY MANAGEMENT CLIENT INFORMATION SHEET

PROPERTY ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOA (Y/N) _____ HOA NAME _____

HOA CONTACT NAME _____ PHONE _____

HOA CONTACT EMAIL _____

HOA WEBSITE _____

OWNER NAME(S) (Per Tax Records): _____

WHO WILL WE MAKE PAYMENTS TO (W-9 needed for all): _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ EMAIL _____

HOMEOWNER'S INSURANCE COMPANY _____

AGENT NAME _____ PHONE _____

HOME WARRANTY (Y/N) _____ COMPANY _____

POLICY NUMBER _____ Start Date: _____ Expiration Date _____