



## 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 \_\_\_\_\_

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OWNER NAME(S) (Per Tax Records): \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

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HOMEOWNER'S INSURANCE COMPANY \_\_\_\_\_

AGENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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HOME WARRANTY (Y/N) \_\_\_\_\_ COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ Start Date: \_\_\_\_\_ Expiration Date \_\_\_\_\_