

### PROPERTY PROFILE for:

Address, City, Zip: \_\_\_\_\_

Owner(s):	Best Ph #	Wk/Hm/Cell
Mailing Address:	2 <sup>nd</sup> Ph #	Wk/Hm/Cell
City, State Zip:	Maintenance:	
Email 1:	Email 2:	

Address:	Square Feet:	Year Built:
X Street:	Alarm: Y N Code:	Vacant:
Occupant Names:	Phone Number:	Vacant Date:

Rent: \_\_\_\_\_ Deposit: \_\_\_\_\_

Levels:	Stove:	Gas Elec	Yard:	Front	Back	Gardener:	Yes	No
Bedrooms:	Fridge:	Yes No	Negotiable					
Bathrooms:	W/D:	Gas Elec	Included? ___	Negotiable		No Hkups		Coin Op
# of Car Garage:	Heating:	Wall	Central	Floor		Electric		
Den/Loft/etc.	A/C:	Yes No	Ceiling Fans:	Yes	No			
Family Room	Fire Plc	Yes No	Flooring:	Hdwd/Tiles		Carpet		Both
Formal Dining	Brkfst Nook	Yes No	Storage:	Basement		Attic	Shed	n/a
Section 8	No	Negotiable	Pets:	Yes	No	Negotiable		
View (Describe):								
Upgrades:								
Schools & Near By Places:								
Other Comments:								
2 Way Clean Out: Yes No Location:								

### KEYS & REMOTES (complete all that apply)

House:	Mail Box: _____ Number _____	Gate Key: _____ Gate Remote: _____
Garage: _____ Garage/C/P # _____	Code:	Pool: _____ Other: _____
KPM TO ORDER ADDITIONAL:		

### SERVICES PAID BY OWNER: (circle all that apply)

Water	Garbage	Sanitation/Sewer*	PG&E
Other:			
If property is a multi unit property, explain utility meters:			

\*Vallejo Sanitation will NOT bill residential tenants. Accordingly, it's customary for owners to include this service in the rent. Unless specified, in writing, sanitation will be included for all homes located in Vallejo.

**INSURANCE INFORMATION:**

Company Name:	Agent Name:
Policy # if Avail:	Agent Phone:

**HOMEOWNERS ASSOCIATION** *(If Applicable):*

HOA Name:	Contact:	Phone:
Fee:	Fee Includes:	

**WARRANTY INFORMATION:**

Home Warranty Company:	Exp:	Deductable:
Phone:	Policy #:	
*Owner to contact warranty company to list KPM as owner's authorized representative. If warranty company can't make repairs in a timely manner under an emergency situation, owner authorizes agent to make necessary repairs.		
Appliance Warranty:	Phone #	
Appliance Warranty:	Phone #	

**PREFERRED VENDORS:** Any preferred vendors selected by the owner, must be licensed and insured. Vendors must provide a current W-9 and certificate of insurance prior to utilization of vendor services. **All preferred vendors must be readily accessible, present a professional image, make repairs in a timely manner; not to exceed 48 hours or sooner in the event of an emergency.** If unable to do so, the owner authorizes KPM to select vendor of choice. List preferred vendor names & numbers below.

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**Other Provisions/Instructions to add to Lease:**

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The following required attached addenda become an integral part of the management agreement:

- A. Management Agreement
- B. Addendum #1 to Management Agreement
- C. Property Profile

Owners Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_