



NEW CLIENT APPLICATION – Leasing Only (Ver. 3-14-2010)

CLIENT INFORMATION			
LAST NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS		CITY	STATE ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS			

SPOUSE / PARTNER INFORMATION			
LAST NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS		CITY	STATE ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS			

MONTHLY ACCOUNT STATEMENT (not applicable to LEASING ONLY)	
N/A	Please mail a copy of my statement to the following MAILING ADDRESS :

N/A	NOTE: If you have an investment partner(s) who require a separate monthly property statement and is entitled to receive a portion of the owner proceeds, please check this box and fill out separate forms for each partner.
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OWNER WITHDRAW OPTIONS (not applicable to LEASING ONLY)		
If it is necessary for you to receive your owner proceeds as early as possible, we will make a special effort to do so. However, please understand that we must receive the rent check(s) and wait a few days to ensure that the tenant's check(s) clear before we can issue your owner proceeds. We do our best to issue and mail owner proceeds as soon as possible.		
If you wish, we can send your owner proceeds directly to your bank account (this can save you time and effort).		
N/A	NO, do not send owner proceeds to my bank. Send them to the address above.	
N/A	YES, please send owner proceeds to my bank (fill in the blanks below).	
NAME OF YOUR BANK	BRANCH OR ADDRESS	ACCOUNT NUMBER
NOTE: If in the future there are any changes in the information on this completed form, please notify Stamar Management Corp in writing as soon as possible. THANK YOU.		

UTILITIES

OTHER: LANDSCAPING, POOL SERVICE			
<input type="checkbox"/>	Owner will continue to pay.	<input type="checkbox"/>	Tenant pays.
UTILITIES: WATER		ON _____	OFF _____
<input type="checkbox"/>	Owner will continue to pay.	<input type="checkbox"/>	Tenant pays.
UTILITIES: ELECTRICITY		ON _____	OFF _____
<input type="checkbox"/>	Owner will continue to pay.	<input type="checkbox"/>	Tenant pays.
UTILITIES: GAS		ON _____	OFF _____
<input type="checkbox"/>	Owner will continue to pay.	<input type="checkbox"/>	Tenant pays.
OTHER: ASSOCIATION/CONDO FEE			
<input type="checkbox"/>	Owner will continue to pay.	<input type="checkbox"/>	Tenant pays.

RENTAL PROPERTY INFORMATION			
RENTAL ADDRESS	CITY	STATE	ZIP CODE
CROSS STREETS			
PROPERTY TYPE: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> Duplex <input type="checkbox"/> Other: _____			
Is this property attached or detached? <input type="checkbox"/> Attached <input type="checkbox"/> Detached			
How many stories is this home / unit? 1 2 3 (If applicable) What floor is the unit located: 1 2 3			
SQUARE FEET	YEAR BUILT	NAME OF COMMUNITY / DEVELOPMENT	SCHOOL DISTRICT
Is the rental located in a gated community? Yes No Rent-To-Own: Yes _____ No _____ Both _____			

GARAGE / PARKING INFORMATION									
Is there a garage?	Yes	No	What size garage?	1-car	2-car	3-car	4-car		
Is the garage attached?	Yes	No	Are there any remote openers?	Yes	No	If so, how many? _____			
Is there a carport?	Yes	No	Is the carport covered?	Yes	No	Is there RV parking?	Yes	No	
Are there any assigned spaces?	Yes	No	If so, how many? _____	Are they covered?		Yes	No		
Additional parking information:									

ROOMS														
BEDROOMS:	1	2	3	4	5	TOTAL BATH:	1	2	3	4	FULL BATH:	_____	HALF BATH:	_____
<input type="checkbox"/>	LIVING ROOM	<input type="checkbox"/>	FORMAL LIVING ROOM	<input type="checkbox"/>	KITCHEN/DINING COMBO	<input type="checkbox"/>	DINING ROOM	<input type="checkbox"/>	COUNTER/BAR					
<input type="checkbox"/>	FORMAL DINING ROOM	<input type="checkbox"/>	BREAKFAST NOOK	<input type="checkbox"/>	STUDY	<input type="checkbox"/>	BONUS ROOM	<input type="checkbox"/>	FAMILY ROOM	<input type="checkbox"/>	DEN			
<input type="checkbox"/>	LOFT	<input type="checkbox"/>	SUNROOM	<input type="checkbox"/>	GREAT ROOM	<input type="checkbox"/>	OTHER:							

AMENITIES										
___ FIREPLACE(s):	Yes	No	TYPE:	Gas	Electric	Wood Burning	LOCATION:			
WASHER & DRYER HOOK-UPS:	Yes	No	TYPE:	Gas	Electric	LOCATION:				
WASHER & DRYER IN UNIT:	Yes	No	Who is responsible for maintaining the Washer/Dryer?	Owner	Tenant					
Is there a community laundry room?	Yes	No	Community Pool?	Yes	No	Private Pool?	Yes	No		
Additional Amenities:	<input type="checkbox"/>	TENNIS COURT	<input type="checkbox"/>	CLUBHOUSE	<input type="checkbox"/>	FITNESS CENTER	<input type="checkbox"/>	GYM	<input type="checkbox"/>	PLAYGROUND
	<input type="checkbox"/>	GOLF COURSE	<input type="checkbox"/>	BUSINESS CENTER	<input type="checkbox"/>	LAKE	<input type="checkbox"/>	BBQ	<input type="checkbox"/>	SPA/JACUZZI
	<input type="checkbox"/>	OTHER:								

FLOORING - (check all that apply)	
<input type="checkbox"/> CARPET	Location:
<input type="checkbox"/> WOOD FLOORING	Location:
<input type="checkbox"/> VINYL TILE/SHEETS	Location:
<input type="checkbox"/> PERGO	Location:
<input type="checkbox"/> CERAMIC TILE	Location:
<input type="checkbox"/> OTHER:	Location:

KITCHEN INFORMATION	
Check all that apply:	<input type="checkbox"/> REFRIGERATOR <input type="checkbox"/> DISHWASHER <input type="checkbox"/> RANGE OVEN: Gas Electric <input type="checkbox"/> STOVE: Gas Electric
	<input type="checkbox"/> TRASH COMPACTOR <input type="checkbox"/> GRANITE COUNTERTOPS <input type="checkbox"/> MICROWAVE <input type="checkbox"/> GARBAGE DISPOSAL <input type="checkbox"/> ISLAND
Who is responsible for maintaining the kitchen appliances?	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Additional kitchen information:	

OUTDOOR AREAS & HVAC SYSTEMS	
Please indicate which outdoor area(s) the property has:	<input type="checkbox"/> BACKYARD <input type="checkbox"/> PATIO/PORCH <input type="checkbox"/> OTHER:
COOLING:	<input type="checkbox"/> Central <input type="checkbox"/> Wall Unit <input type="checkbox"/> Other:
HEATING:	<input type="checkbox"/> Central <input type="checkbox"/> Wall Unit <input type="checkbox"/> Floor Unit <input type="checkbox"/> Ceiling Unit TYPE: Gas Electric OTHER:
Does the home have any ceiling fans?	Yes No If so, how many? _____

PROPERTY DESCRIPTION
Please use the area below to highlight any special features or details of your property. This description will help us advertise your property.

