

Mountain Manager & Associates
PO Box 353
Hiawassee, GA 30546
(706) 896-8907

TO GET STARTED

WE WILL NEED THE FOLLOWING ITEMS:

1. 3 Keys to the Property (Be certain they work)
2. A copy of the Warranty Deed
3. Each person listed on the Warranty Deed, we will need a copy of their Drivers License.
4. Physical Address of Property.
5. Email address.
6. Send a check for \$100 for Key Safe. (Vacation rentals only)
7. Mail to: Mountain Manager & Associates
PO Box 353
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NEW ACCOUNT INFORMATION

Thank you for the opportunity to manage your property. The following is a checklist of items which we will need before we can set up your new property account.

_____ Review the enclosed Management agreement. Sign, make copies for your records, and return to us.

_____ Fill out the New Account Questionnaire.

_____ We need a copy of your insurance on the property and your agent's name and address for our files. We will need to be listed as "Additional Insured" within 30 days.

_____ Fill out the Owner disclosure property condition report.

_____ We need **three sets** of all keys pertaining to the rental property.

_____ Fill out the enclosed tenant information sheet for each occupied unit.

_____ Send us all Tenant security deposits being held.

_____ Fill out the W-9 form to provide us with your social security number or tax ID if you are incorporated, which we will need for filing 1099's.

_____ Sign the attached letter informing any current Tenant's that we are assuming the Management of the property and send copy to us.

_____ Review the lead based paint disclosure information. Sign the form pertaining to this and return to us. (If applicable)

_____ Send us a copy of any Association Rules and Regulation.

_____ Please put tags on interior water shut off valves to exterior faucets.

Owner Signature

Date

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OWNER INFORMATION

OWNERS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CELL PHONE: _____

EMAIL: _____ FAX: _____

OWNER SSN/FEID: _____

EMERGENCY CONTACT: _____ PHONE: _____

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

CITY/STATE/ZIP: _____

POWER PROVIDER: _____ PHONE: _____

ACCOUNT #: _____ METER #: _____

WATER PROVIDER: _____ PHONE: _____

ACCOUNT #: _____

GAS PROVIDER: _____ PHONE: _____

ACCOUNT#: _____

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PHONE PROVIDER: _____ PHONE: _____
ACCOUNT#: _____

CABLE OR SATELLITE PROVIDER: _____
PHONE: _____ ACCOUNT#: _____

DSL AVAILABLE: _____ PROVIDER: _____
PHONE: _____

MAILBOX AT PROPERTY? No / Yes

BLINDS: _____
FLOORING TYPE: _____
(CARPET, VINYL, TILE) _____

PETS ALLOWED:(CIRCLE): DOG / CAT / EITHER / NONE
COMMENTS: _____

WERE THERE ANY PETS IN THE PROPERTY DURING YOUR OWNERSHIP?
YES / NO IF YES, WHAT TYPE: _____

WHEN IS PROPERTY AVAILABLE FOR OCCUPANCY: _____

DO YOU HAVE ANY WARRANTY/SERVICE PLANS: YES / NO
IF YES, PLEASE ATTACH.

WHAT RENT RANGE ARE WE AUTHORIZED TO RENT YOUR PROPERTY FOR?

INSURANCE: AGENT NAME/NUMBER/ADDRESS: _____

Do you want to participate in the Section 8 program? _____
(Please talk to your Property Manager to see if your property qualifies for Section 8)

Any specific clauses to add to the lease? _____
(We do not allow smoking in our properties)

Are you leaving your washer/dryer? No / Yes **What personal property items are
You leaving?** (Include all items in basement, garage, shed, etc., and specify location where property is
located. Please attach a list if necessary. If it's a locked area specify)

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What initial maintenance/repairs do you want us to do to your property?
(i.e. Painting, Carpet Cleaning, etc.) _____

What initial maintenance/repairs will Owner be doing? _____

Do you need any preventive services? (i.e. Install satellite dish, cable, paint, remove borders, etc.)

If property becomes vacant, do you want us to arrange for lawn care? No / Yes

Is the property cable ready and is DSL available? _____

Property Square Footage? _____

If you have a Condo or Townhouse is there an Association? No / Yes
If yes, please give Association Name, Contact Person, Phone and send us rules.

How did you hear of our service? Website / Newspaper / Sign / Referral: _____

Why did you select our Company over others you may have been looking at:

Special features of your home or surrounding area we should emphasize:

List Schools: Elementary: _____ **Middle:** _____
High: _____ **Local Colleges:** _____

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THE FOLLOWING MARKETING TOOLS ALONG WITH ASSOCIATED COSTS WILL BE USED AT THE DISCRETION OF THE LEASING AGENT.

AD IN LOCAL PAPER (OWNER PAYS AFTER FIRST \$40)

LISTING ON MOUNTAIN MANAGER WEBSITE (NO CHARGE)

PUT UP FOR LEASE SIGN (LONG TERM) (NO CHARGE)

MARKETING TO FORMER & EXISTING TENANTS (NO CHARGE)

MARKETING TO POTENTIAL TENANTS (NO CHARGE)

NOTIFY NEIGHBORS OF OUR MANGEMENT OF PROPERTY (NO CHARGE)

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OWNERS CONDITION REPORT

I. STRUCTURAL

A. BASEMENT

1. Are there any cracks, leaks, dampness or bulges in the floor, foundation, walls?
No / Yes Explain: _____

2. Basement Finished / Unfinished

3. Have you ever had a problem or treated for rot or mildew? No / Yes
Explain: _____

4. Has the basement/crawl space ever flooded? No / Yes
Explain: _____

5. Any other problems you are aware of? _____

B. ROOF

1. What is the age of the roof? _____

2. What is the condition of the roof? _____

3. Any leaks, gutter back ups or any other problems? No / Yes
Explain: _____

C. FRAMING

1. Any remodeling or additions that may have changed the original floor plan?
Explain: _____

2. If there was remodeling, etc. was it done with the benefit of a building permit?
No / Yes Who did the work? _____

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II. MECHANICAL

A. ELECTRICAL

1. What AMP is the service in this property? _____
2. Has the service been adequate? No / Yes
3. Are there any problem areas? No / Yes Explain: _____
4. Any additions to the original installation? No / Yes
5. If any, was the work done by a licensed contractor with the benefit of a permit?
No / Yes Explain: _____

B. PLUMBING

1. Has the plumbing been adequate? No / Yes
2. Are there any problem areas? No / Yes
3. Any additions to the original installation? No / Yes
If any, was the work done by a licensed contractor with the benefit of a permit?
No / Yes Explain: _____

C. HEATING/COOLING

1. What type of heating is in the home? _____
2. Has the service been adequate? No / Yes
3. Are there any problem areas? No / Yes
Explain: _____
4. Any additions to the original installation? No / Yes
If any, was the work done by a licensed contractor with the benefit of a permit?
No / Yes Explain: _____
5. Does the heating system run on propane? No / Yes If yes, are you currently
under a delivery contract? No / Yes If so, Company name: _____
Phone number: _____ Acct #: _____

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6. Any special operating instructions for heating or cooling systems? No / Yes
Explain: _____
7. Date heating/cooling system last serviced? _____
Do you want us to service it now or wait until next fall? _____

D. FIREPLACES

1. Do you have a fireplace? No / Yes If yes, if it gas? No / Yes
2. Do you have a wood burning stove? No / Yes
3. When was the chimney last cleaned? _____ Do you want us to have it
cleaned now or wait until next fall? _____

III. UTILITIES

A. SEWAGE

1. Municipal? No / Yes Septic? No / Yes
Have you ever had a sewer back-up? No / Yes Explain: _____
Last time septic was cleaned? _____

B. WATER

1. City / County / Well (circle one)
Is water pressure adequate? No / Yes

IV. APPLIANCES

Which of the following will be included with the property:

- Oven/Range _____ Warranty? No / Yes
- Refrigerator _____ Warranty? No / Yes
- Dishwasher _____ Warranty? No / Yes
- Microwave _____ Warranty? No / Yes
- Disposal _____ Warranty? No / Yes
- Washer _____ Warranty? No / Yes

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Dryer _____ Warranty? No / Yes

Window A/C _____ Warranty? No / Yes

Water Softner _____ Warranty? No / Yes

Security System _____ Warranty? No / Yes

Other _____ Warranty? No / Yes

Are there any problems with any of the appliances?

Explain: _____

Owners Signature

Date

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TENANT INFORMATION SHEET

As of _____

Address: _____ Unit#: _____ Phone: _____

Tenant Names: _____ Adult/Minor Phone: _____
_____ Adult/Minor Phone: _____
_____ Adult/Minor Phone: _____

Occupancy start date: _____ End of Lease: _____ Month to Month _____

Do you have a written lease with tenant? No / Yes If yes, attach copy.

Do you have a move-in inspection for this unit? No / Yes If yes, attach copy.

Do you have a rental application for this tenant? No / Yes If yes, attach copy.

FINANCIAL INFORMATION

Rent Amount: _____ Late Fee(If indicated on lease): _____

Deposit Amount: _____

Current balance of Tenant's account: Current/Still owes \$ _____

If there s a balance owing, please provide breakdown.

If available, please attach a rent history for this tenant.

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Please circle who pays for the following and the name of the utility or service company.

<u>Estimated Cost</u>		<u>Company Name</u>
Electric	Owner / Tenant	_____
Heat	Owner / Tenant	_____
Water	Owner / Tenant	_____
Trash	Owner / Tenant	_____
Lawn	Owner / Tenant	_____

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Insurance Companies that will add Mountain Manager as additional insured

Georgia

Barrett & Associates 706 896 7281

State Farm 706 745 4401

Moore Insurance 706 896 6172

Cotton State 706 896 3642

North Carolina

State Farm 828 837 7203

NC- Farm Bureau 828 389 8063