

# Crane Reed Property Management

## NEW CLIENT MANAGEMENT APPLICATION

CLIENT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE	
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	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	
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS			

MONTHLY ACCOUNT STATEMENT	
<input type="checkbox"/>	Please mail a paper copy of my statement to the following street address:
<input type="checkbox"/>	<b>NOTE:</b> If you have an investment partner(s) who requires 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.

DIRECT DEPOSIT OPTIONS			
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 Florida law requires that we must receive the rent check(s) and wait a few days to ensure that the tenant's check(s) has cleared before we can issue your owner proceeds. We do our best to issue and mail owner proceeds depending on the needs of the individual owners.			
<b>If you wish, we can deposit your proceeds directly into your bank.</b>			
<input type="checkbox"/>	NO, do not send proceeds to my bank. Please send to the address above.		
<input type="checkbox"/>	YES, please deposit proceeds into my bank account (fill in the blanks below).		
NAME OF YOUR BANK	BRANCH OR ADDRESS	ACCOUNT NUMBER	ROUTING NUMBER
<b>NOTE:</b> If in the future there are any changes in the information on this completed form, please notify Crane Reed in writing as soon as possible. THANK YOU.			

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## DISBURSEMENT INFORMATION – TIER III PACKAGE ONLY

Crane Reed will pay your recurring bills on your behalf. Below is a list of the most common of these bills. Please review each item and indicate whether you want to pay the bill yourself or prefer Crane Reed pay the bill on your behalf.

### 1. MORTGAGE PAYMENT

<input type="checkbox"/>	Owner will continue to pay himself.
<input type="checkbox"/>	Crane Reed will pay on owner's behalf from funds in the trust account.
<b>PAYMENT ADDRESS</b>	
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DUE DATE</b> <span style="float: right;"><b>LOAN NUMBER</b></span>

### 2. SECOND TRUST DEEDS PAYMENT

<input type="checkbox"/>	Owner will continue to pay himself.
<input type="checkbox"/>	Crane Reed will pay on owner's behalf from funds in the trust account.
<b>PAYMENT ADDRESS</b>	
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DUE DATE</b> <span style="float: right;"><b>ACCOUNT NUMBER</b></span>

### 3. PROPERTY TAX PAYMENTS

<input type="checkbox"/>	Owner will continue to pay himself.
<input type="checkbox"/>	Crane Reed will pay on owner's behalf from funds in the trust account.
<b>PAYMENT ADDRESS</b>	
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DUE DATE</b> <span style="float: right;"><b>PARCEL NUMBER</b></span>

### 4. INSURANCE PREMIUMS

<input type="checkbox"/>	Owner will continue to pay himself.
<input type="checkbox"/>	Crane Reed will pay on owner's behalf from funds in the trust account.
<b>PAYMENT ADDRESS</b>	
<b>PAYMENT AMOUNT</b>	<b>PREMIUM DUE DATE</b> <span style="float: right;"><b>POLICY NUMBER</b></span>

### 5. HOMEOWNER DUES

<input type="checkbox"/>	Owner will continue to pay himself.
<input type="checkbox"/>	Crane Reed will pay on owner's behalf from funds in the trust account.
<b>PAYMENT ADDRESS</b>	
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DUE DATE</b> <span style="float: right;"><b>ACCOUNT NUMBER</b></span>

### 6. GARDEN OR POOL SERVICE\*

<input type="checkbox"/>	Owner will continue to pay himself.
<input type="checkbox"/>	Crane Reed will pay on owner's behalf from funds in the trust account.
<b>PAYMENT ADDRESS</b>	
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DUE DATE</b> <span style="float: right;"><b>ACCOUNT NUMBER</b></span>

\*Please advise if tenant pays these fees.

### 7. UTILITIES - WATER\*

<input type="checkbox"/>	Owner will continue to pay himself.
<input type="checkbox"/>	Crane Reed will pay on owner's behalf from funds in the trust account.
<b>PAYMENT ADDRESS</b>	
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DUE DATE</b> <span style="float: right;"><b>ACCOUNT NUMBER</b></span>

\* Please advise if tenant pays these fees.

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<b>8. UTILITIES – ELECTRICITY AND/OR GAS*</b>		
<input type="checkbox"/>	Owner will continue to pay himself.	
<input type="checkbox"/>	Crane Reed will pay on owner's behalf from funds in the trust account.	
<b>PAYMENT ADDRESS</b>		
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DUE DATE</b>	<b>ACCOUNT NUMBER</b>
*Please advise if tenant pays these fees.		
<b>9. UTILITIES – TRASH*</b>		
<input type="checkbox"/>	Owner will continue to pay himself.	
<input type="checkbox"/>	Crane Reed will pay on owner's behalf from funds in the trust account.	
<b>PAYMENT ADDRESS</b>		
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DUE DATE</b>	<b>ACCOUNT NUMBER</b>
*Please advise if tenant pays these fees.		
<b>10. UTILITIES – OTHER*</b>		
<input type="checkbox"/>	Owner will continue to pay himself.	
<input type="checkbox"/>	Crane Reed will pay on owner's behalf from funds in the trust account.	
<b>PAYMENT ADDRESS</b>		
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DUE DATE</b>	<b>ACCOUNT NUMBER</b>
*Please advise if tenant pays these fees.		
<b>11. UTILITIES – OTHER*</b>		
<input type="checkbox"/>	Owner will continue to pay himself.	
<input type="checkbox"/>	Crane Reed will pay on owner's behalf from funds in the trust account.	
<b>PAYMENT ADDRESS</b>		
<b>PAYMENT AMOUNT</b>	<b>PAYMENT DUE DATE</b>	<b>ACCOUNT NUMBER</b>
*Please advise if tenant pays these fees.		

# Crane Reed Property Management

RENTAL PROPERTY INFORMATION			
RENTAL ADDRESS	CITY	STATE	ZIP CODE
CROSS STREETS AND LANDMARKS (if necessary)			
TYPE (please circle)    Single Family Residence    Condo    Townhome    Duplex    Other:			
Is this property attached or detached? (please circle)			
How many stories is this home or unit? 1 2 3. (please circle)			
Is the unit located upstairs or downstairs? (please circle)			
SQUARE FEET	YEAR BUILT	LOT SIZE	SCHOOL DISTRICT
Is the rental located in a gated community? Yes No (please circle) Is the rental located in an association? Yes No (please circle). If yes, please complete the New Client Association Info Form on page 7 and 8.			

GARAGE / PARKING INFORMATION
Is there a garage? Yes No (please circle)
If Yes, what size garage? 1-car 2-car 3-car 4-car (please circle)   Attached or detached? (please circle)   Any remote openers? Yes No (please circle)   If yes, how many? _____
Is there a carport? Yes No (please circle)   If yes, for how many cars? _____ Is there RV Parking? Yes No (please circle) Are there assigned parking spaces? Yes No (please circle)   If yes, how many? _____ Additional parking information:

BEDROOMS / BATHROOMS
BEDROOMS: 1 2 3 4 5 (please circle)
TOTAL FULL BATHROOMS: 1 2 3 4 5 (please circle)   TOTAL HALF BATHROOMS: 1 2 3 4 5 (please circle)

KITCHEN
KITCHEN INFO (circle all that apply): Refrigerator Dishwasher Range Oven Microwave Garbage disposal Trash compactor Granite countertops
Is the range gas or electric? Gas Electric (please circle)
Who is responsible for maintaining the kitchen appliances? Owner Tenant (please circle) Additional kitchen information:

OUTDOOR AREAS
Please circle which outdoor area(s) the property has:  Backyard. If yes, is the backyard fenced? Yes No Patio. If yes, is the patio covered? Yes No Balcony.

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AMENITIES
FIREPLACE: Yes No (please circle)   If yes, is it gas or electric? (please circle)
WASHER & DRYER: Yes No (please circle)   If yes, is it gas or electric? (please circle).
SWIMMING POOL: Yes No (please circle)   If no, is there a community pool? Yes No. (please circle)
SPA/JACUZZI: Yes No (please circle)   If no, is there a community spa/jacuzzi? Yes No. (please circle)
ADDITIONAL AMENITIES (circle all that apply): Tennis court Clubhouse Fitness center Gym Laundry facilities Golf course Business center Playground BBQ Lake

FLOORING
Circle all that apply: Carpet. Location: Vinyl tile. Location: Wood flooring. Location: Pergo flooring. Location: Ceramic tile. Location: Other. Location:

COOLING / HEATING
COOLING: CENTRAL OR AC WALL UNITS? (please circle). OTHER: _____
HEATING: CENTRAL OR FORCED AIR? (please circle). OTHER: _____
Does the home have any ceiling fans? YES NO (please circle). If yes, how many? _____

LEASING INFORMATION		
Is this property currently available for lease? Yes No (please circle)   LEASE TERMS (circle all that apply): 12 month 6 month month-to-month other: _____		
Is smoking permitted? Yes No (please circle)		
What day is the property available for showing? DATE: / /		
What day is the property available for move-in? DATE: / /		
MONTHLY RENT: \$	SECURITY DEPOSIT: \$	PET DEPOSIT: \$
Are any pets allowed? Yes No (please circle)	What type is allowed? Dog Cat Both (please circle)	How many pets are allowed? ____
What size dog is allowed? Any size or up to ____ pounds		
Additional pet information (including any breed restrictions):		

# Crane Reed Property Management

## 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 when it is available for rent.

## SPECIAL INSTRUCTIONS

Please use the area below to tell us about anything you feel might be important, so that we will be better able to manage your property.

## FOR CRANE REED USE ONLY

### SHOWING INFORMATION

Property Manager: Please fill out the showing information below.

What day is the property available for showing? DATE: / /

What day is the property available for move-in? DATE: / /

Is this property currently vacant? YES NO (please circle)

DRIVING DIRECTIONS:

SHOWING INSTRUCTIONS:

# Crane Reed Property Management

## HOME OWNER INSURANCE VERIFICATION FORM

Dear Owner,

Dated: \_\_\_\_\_

It is a requirement of our company that property owners name Crane Reed Property Management as an additional insured on their liability policy. The required amounts are as follows:

- \$300,000.00 for a Condo or PUD.
- \$500,000.00 for a Single Family Residence.
- \$1,000,000.00 for a Single Family Residence with a pool or spa.

Please complete this form and return it with the other documents. Thank you!

SUBJECT PROPERTY \_\_\_\_\_  
\_\_\_\_\_

OWNER(S)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

### MY INSURANCE INFORMATION

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
Name of Agent

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Extent of Liability Coverage

\_\_\_\_\_  
Fax Number

# Crane Reed Property Management

## NEW CLIENT ASSOCIATION INFORMATION FORM

CLIENT INFORMATION		
LAST NAME	FIRST NAME	MIDDLE
PRESENT ADDRESS	CITY	STATE ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL ADDRESS		

SPOUSE / PARTNER INFORMATION		
LAST NAME	FIRST NAME	MIDDLE
PRESENT ADDRESS	CITY	STATE ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE
EMAIL ADDRESS		

ASSOCIATION INFORMATION		
ASSOCIATION NAME		
NAME OF MANAGEMENT COMPANY FOR ASSOCIATION		
ADDRESS	CITY	STATE ZIP CODE
PHONE NUMBER	FAX NUMBER	
ACCOUNT NUMBER	MONTHLY MAINTENCE FEES	
CONTACT PERSON	PHONE NUMBER	

UTILITIES INCLUDED IN ASSOCIATION DUES (check all boxes that apply)	
<input type="checkbox"/>	Water
<input type="checkbox"/>	Trash
<input type="checkbox"/>	Gas
<input type="checkbox"/>	Electric
<input type="checkbox"/>	Cable

# Crane Reed Property Management

Other:
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## SERVICES PROVIDED BY ASSOCIATION (check all boxes that apply)

<input type="checkbox"/>	Gardening: Front only All areas (please circle). Other:
<input type="checkbox"/>	Roof repair
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

## AMENITIES PROVIDED BY ASSOCIATION (check all boxes that apply)

<input type="checkbox"/>	Pool
<input type="checkbox"/>	Spa
<input type="checkbox"/>	Clubhouse
<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Playgrounds
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

## PARKING INFORMATION

Carport or space numbers:
If garage is not attached, please provide location and/or garage number:
Are there any guest parking passes? YES NO (please circle). If yes, how many guest passes are allowed per unit? ___

## MAILBOX INFORMATION

Mailbox location and number:
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