



PO Box 914
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OWNER/PROPERTY INFORMATION FORM

Owner(s) _____

Property Address _____

Owner Mailing Address _____

Home Phone _____

Work Phone _____

Cell Phone(s) _____

Email(s) _____

Referring Broker/Agent _____

Phone _____

BANKING INFORMATION:

Bank Name: _____

Routing #: _____ Account #: _____

EMERGENCY CONTACT: (not living with you)

Name _____

Phone _____

Address _____

Email _____

INSURANCE COVERAGE:

If not attached, a copy of the Insurance policy must be forwarded to Agent for retention in file.
Remember to have VHS Property Management added as "Additional Insured"

Insurance Company: _____ Phone: _____

Insurance Agent: _____ Phone: _____

TERMITE Service Contract:

Company: _____ Phone: _____

PEST CONTROL

Company: _____ Phone: _____

HEATING AND AIR SERVICE CONTRACT:

It is recommended that Gas Furnaces/Electric Air Conditioners and Heat pumps are serviced 2x per year. Oil furnaces 1x per year.

Company: _____ Phone: _____

Owner would like to have HVAC serviced per the recommended schedule: Yes No

Owner would like to have Water Heater drained 1 x per year: Yes No

UTILITIES: Solar Panel

Electric Co.: _____ Phone: _____

Gas Co.: _____ Phone: _____

Water and/or Sewer Co.: _____ Phone: _____

Private Well Community Well

Private Septic Community Septic

Date Septic was last pumped: _____

Propane/Oil Size of Tank: _____ Leased _____ Owned _____

Location of fuel tank: _____

Company: _____ Phone: _____

HOA/CONDO INFORMATION:

Condominium Cooperative Homeowners Association

Please provide a current copy of your association Bylaws/Rules and Regulations.

Landlord must notify all applicable associations in writing of management agreement.

Homeowners'/Condo Association: _____

Address: _____ Phone: _____

Fees include: _____

Manager: _____ Phone: _____

Maintenance/Office/Repair Contact: _____ Phone: _____

Move In/Out Restrictions/ Fees: _____ Elevator Fee: _____

Swimming Pool: _____ Phone: _____

Address: _____

Tenant to pay Swimming Pool

SECURED BUILDING:

Building Access Code: _____ Remote: Yes No How many? _____

PARKING:

Assigned Parking Spaces: _____ Parking Space No.(s): _____

Passes Required

STORAGE:

Storage Bin No.: _____ Outdoor Shed Yes No How many? _____

MAILBOX:

Mail Box No.: _____ No. of Keys Provided: _____

HEATING/AIR CONDITIONING:

No. of Zones: _____

Oil Furnace Natural Gas Furnace Propane Furnace Heat Pump

Warranty Co.: _____ Expires: _____ Phone: _____

Furnace Filters: Sizes: _____

Location(s): _____

Electronic Air Filter:

Humidifier/Dehumidifier: Type: _____ Location: _____

Central Air:

Warranty.: _____ Expires: _____ Phone: _____

Window/Wall Units: No. of Units: _____

WATER:

Hot Water Heater: Gas Electric

Other Filters:

Type: _____ Location: _____

Type: _____ Location: _____

Location of main water cut off valve: _____

Outdoor Spicket Shutoff location _____

APPLIANCES: Provide all instructions/care booklets available.

Refrigerator: Ice Maker

Warranty: _____ Expires: _____ Phone: _____

Stove/Oven: Gas Electric

Warranty: _____ Expires: _____ Phone: _____

Exhaust Fan/Hood:

Cooktop: Gas Electric

Warranty: _____ Expires: _____ Phone: _____

Microwave: Counter Built-in

Warranty: _____ Expires: _____ Phone: _____

Dishwasher: Portable Built-in

Warranty _____ Expires: _____ Phone: _____

Garbage Disposal

Washer

Warranty: _____ Expires: _____ Phone: _____

Dryer Electric Gas

Warranty: _____ Expires: _____ Phone: _____

Fireplace/Woodstove: Working Date of Last Service/Cleaning: _____

Gas Fireplace: Working: Date of Last Service/Cleaning: _____

Garage Door Opener Exterior Code: _____ # Remote Controls: _____

Radon System

Servicer: _____ Phone: _____

ADDITIONAL PROPERTY INFORMATION

Crawl Space door located _____ Electrical Panel location _____

Add'tl Freezer/Refrigerator

Trash compactor

House Water Filter

Water System

In Ground Sprinklers

Pool

Hot tub

Additional Notes:

