

Property Information Schedule

Property Address: _____

1: How many bedrooms does the property have? _____

2: How many bathrooms does the property have? _____

3: Is there any parking? Y / N

If Yes, what sort of parking (eg: single garage)? _____

4: Does the property have a security system? Y/N – Code: _____

5: Are pets permitted? Y / N

If Yes, what sort of pets are permitted? _____

6: Will any whiteware or appliances be included in the rental of the property? Y / N

If Yes, what whiteware or appliances? _____

7: Is the property on gas? Y / N

If Yes, what is on gas? (eg: Heating, cooking, hot water) _____

8: Is the property operated under a Body Corporate? Y / N

Body Corporate Manager: _____

Phone: _____ Email: _____

9: What date is the property available for rent? _____

10: How long is the property available for rent? _____

11: Preferred weekly rental? \$ _____ Minimum weekly rental? \$ _____

12: Do you wish the tenants to maintain the grounds? Y / N

(Please note tenants do not always take care of gardens to the same extent you would, if you have extensive gardens please discuss this with us).

13: If rented furnished chattels list to be prepared by the Owner? Y / N

(If yes please complete Chattels Information Sheet)

14: Number of sets of keys we have supplied to you for the property? _____

(Number of keys we use: 1 for each tenant and 3 sets for LPM (1 for tradespeople, 1 for showings/inspections, 1 backup to be held in office)

15: Rental payments collected by Lambton Property Management Ltd are to be paid into the following bank account:

Account Name: _____

Bank and Branch: _____

Account No: _____

16: Insurance Details:

Insurance Company: _____

Policy Number: _____ *(please provide a copy of your policy)*

Is the policy just for the dwelling or does it cover owner contents as well? Y/N

Is the carpet/floor covering covered by your policy? Y/N

Does your policy cover theft of chattels by the tenant or occupant? Y/N

Does your insurance cover gradual/hidden damage? Y / N

(ie: when a pipe leaks behind a wall or under the floor)

Does your policy cover damage to the property by a tenant or occupant? Y/N

Does your policy cover lost rents? Y/N

Does your policy cover replacement window glass? Y/N

17: Does the property have any 'quirks' that tenants should know about? Y/N

If yes, what quirks?

18: Special Instructions relating to the property:

19: Do you have any contractors/tradespeople you would prefer us to us for this property?

Y / N (If yes, please list below)

Name: _____ Phone: _____

Type of work done: _____

Name: _____ Phone: _____

Type of work done: _____

Name: _____ Phone: _____

Type of work done: _____

20: Regular outgoings to be invoiced for:

Dated this _____ day of _____, 20_____.

Signature(s) of Owner(s) or authorised party:

Signature on behalf of **Lambton Property Management Limited**

With property authority:
