

# REM COMMERCIAL

## PROPERTY FACTS

Owner's Name: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Property Name (if any): \_\_\_\_\_

Unit Address: \_\_\_\_\_

Unit City: \_\_\_\_\_

Owner requested rent amount: \_\_\_\_\_ Additional for pet rent: \_\_\_\_\_

Base security deposit: \_\_\_\_\_ Security deposit for pets: \_\_\_\_\_

Minimum term of lease: \_\_\_\_\_ Maximum term of lease: \_\_\_\_\_

Unit Description:

<b>Apartment</b> <input type="radio"/>	<b>Town House</b> <input type="radio"/>	<b>Duplex</b> <input type="radio"/>	<b>House</b> <input type="checkbox"/>	<b>Condominium</b> <input type="radio"/>
<b>Bedrooms</b>	One <input type="radio"/>	Two <input type="radio"/>	Three <input type="checkbox"/>	Four <input type="radio"/> Five <input type="radio"/>
<b>Bathrooms</b>	Full _____	Half _____		
<b>Basement</b>	Full <input type="checkbox"/>	Partial <input type="radio"/>	None <input type="radio"/>	
<b>Garage</b>	Spaces _____	Opener <input type="radio"/>	Carport <input type="radio"/>	Extra charge _____
<b>Lot / yard</b>	Fenced yard <input type="radio"/>	Porch <input type="radio"/>	Patio <input type="radio"/>	Deck <input type="radio"/>
<b>Storage Locker</b>	Size _____	Extra charge _____		
<b>Wash/Dryer</b>	Hook ups <input type="radio"/>	Gas <input type="radio"/> Elect <input type="radio"/>		
<b>Air Conditioner</b>	Central <input type="checkbox"/>	Wall unit <input type="radio"/>	Window <input type="radio"/>	None <input type="radio"/>
<b>Heating Type</b>	Baseboard <input type="radio"/>	Forced Air <input type="checkbox"/>	Gas <input type="checkbox"/>	Electric <input type="radio"/>

<b>Utilities</b>	<b>Paid by Tenant</b>	<b>Paid by Landlord</b>	<b>Utility Provider</b>	<b>Appliances Provided by Landlord</b>	
Heat	<input type="checkbox"/>	<input type="radio"/>		Range	<input type="radio"/>
Gas	<input type="checkbox"/>	<input type="radio"/>		Refrigerator	<input type="radio"/>
Electric	<input type="checkbox"/>	<input type="radio"/>		Garbage Disposal	<input type="radio"/>
Water	<input type="checkbox"/>	<input type="radio"/>		Dishwasher	<input type="radio"/>

Sewer	<input type="checkbox"/>	<input type="radio"/>		Microwave	<input type="radio"/>
Trash	<input type="checkbox"/>	<input type="radio"/>		Washer	<input type="radio"/>
Snow Removal/ Lawn Care	<input type="checkbox"/>	<input type="radio"/>		Dryer	<input type="radio"/>

Pets (Yes or No). If Yes, What Kind? \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## REM COMMERCIAL

### OWNER FACT SHEET

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_ -

Phone Number: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Tax I.D. / Social Security Number: \_\_\_\_\_

MORTGAGE INFORMATION Is there a mortgage on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

Is REM to pay the mortgage from the property for you? Yes \_\_\_\_\_ No \_\_\_\_\_

Who is the mortgage with? \_\_\_\_\_

Do you have a payment book / receive statements / or other: \_\_\_\_\_

#### PROPERTY INSURANCE INFORMATION

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

Name of Insurance Agent \_\_\_\_\_ Phone : \_\_\_\_\_

Real Estate Tax Payment: 1st \_\_\_\_\_

2nd \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Property Maintenance handled by: \_\_\_\_\_

Unit make-ready's handled by: \_\_\_\_\_ | \_\_\_\_\_

**REM Commercial**

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FORM 716 Rev 11-2010