

OWNER UNIT INFORMATION FORM

Owner Name:		
Contact Name:		
Full Mailing Address:		
Email Address:		
Tax Payer Name: (Please enter only one)		
Tax ID# or SSN#: (Please enter only one)		
Home#	Work#	Pager#
Mobile#	Fax#	Other#

PROPERTY INFORMATION

Full Property Address:		# of Units:
		Year Built:
Major Cross St.:		List Unit #'s:
Gated Community (Gate Code):	Mail Box #:	Parking Space (s)#:
Year Painted:	Year Carpet/Vinyl/Flooring Installed	
Sprinkler Blow Out/Turn On: Yes No		

Check One: <input type="checkbox"/> Single Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Du-plex <input type="checkbox"/> Tri-plex <input type="checkbox"/> 4-plex <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium	Check Which Applies: <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Basements <input type="checkbox"/> Dishwasher <input type="checkbox"/> Den <input type="checkbox"/> Fireplace <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Furnace Filter Size <input type="checkbox"/> Stove <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Pantry <input type="checkbox"/> Microwave <input type="checkbox"/> Family Room <input type="checkbox"/> Dining Area <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Storage Room <input type="checkbox"/> Walk-in Closets <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Single Story <input type="checkbox"/> Living Room	Check which Applies: <input type="checkbox"/> Community Pool <input type="checkbox"/> Covered Patio <input type="checkbox"/> Fenced Patio <input type="checkbox"/> Fenced Yard-Large <input type="checkbox"/> Fenced Yard-Small <input type="checkbox"/> Spa <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Swim Pool-Fenced <input type="checkbox"/> Swim Pool-Not Fenced	Check Which Applies: <input type="checkbox"/> Air Conditioning Furnace <input type="checkbox"/> Gas or <input type="checkbox"/> Electric <input type="checkbox"/> Non-smoking <input type="checkbox"/> Pets Not Allowed <input type="checkbox"/> Pets OK <input type="checkbox"/> Pets w/Owner Approval	
#of Beds?	List Utility Companies:	Owner	Tenant	APM
#of Bath?	Water:			
Flooring Type?	Trash:			
Carpet Color?	Sewer:			
#of Garages/Carports/Spaces?	Electric:			
Square Footage?	Gas			
Main water shut off location?				
Preferred method of communication? Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Homing Pigeon <input type="checkbox"/>				

HOA INFORMATION

HOA Name:
Full Mailing Address:
Phone # (s):

OWNER HAS READ AND COMPLETED THE FOREGOING DESCRIPTION AND AGREES TO HOLD ARROWROCK PROPERTY SERVICES, INC., DBA ALOHA PROPERTY MANAGEMENT FREE AND HARMLESS FROM ANY LIABILITY OR DAMAGES ARISING FROM THE INCORRECT OR UNDISCLOSED INFORMATION PROVIDED BY THEM. BY SIGNING BELOW, OWNER HAS AGREED TO THE ABOVE.

OWNER SIGNATURE:	DATE:
CO-OWNER SIGNATURE:	DATE: