

Management Questionnaire

NAME: _____

ADDRESS: _____

CONTACT NUMBERS:

CELL: _____ OFFICE: _____

HOME: _____ FAX: _____

EMAIL: _____

HOW WOULD YOU PREFER TO BE CONTACTED? (Circle One)

Phone

Email

Text

HAVE YOU WORKED WITH ANOTHER LOCAL MANAGEMENT COMPANY? YES _____ NO _____

IF YES, WHO? _____

ARE YOU LOOKING TO SWITCH COMPANIES? YES _____ NO _____

HOW MANY RENTAL UNITS DO YOU HAVE? _____

ARE ANY OCCUPIED? YES _____ NO _____

IF YES, HOW MANY? _____

DO YOU HAVE ANY LEASES? YES _____ NO _____

IF YES, FULL YEAR OR MONTH TO MONTH? _____

ARE ANY TENANTS BEHIND IN RENT? _____

IF SO, HOW MANY AND HOW FAR? _____

HAVE YOU COLLECTED ANY DEPOSITS OR FEES? (Circle all that apply)

Utility Deposits

Pet Fee

Security Deposits

Other _____

WHAT ARE YOUR EXPECTATIONS? _____

QUESTIONS, COMMENTS, OR CONCERNS: _____
