



New Client Management Application

CLIENT INFORMATION

| | | | |
|-----------------|------------------|-------------|-------------------|
| Last Name | First Name | Middle Name | |
| Date of Birth | Driver License # | State | Social Security # |
| Present Address | City | State | Zip |
| Home Phone | Work Phone | Cell Phone | |
| Email Address | | | |

SPOUSE INFORMATION

| | | | |
|-----------------|------------------|-------------|-------------------|
| Last Name | First Name | Middle Name | |
| Date of Birth | Driver License # | State | Social Security # |
| Present Address | City | State | Zip |
| Home Phone | Work Phone | Cell Phone | |
| Email Address | | | |

Annual Account Statement

| | |
|--------------------------|---|
| <input type="checkbox"/> | Please mail a paper copy of my statement to the following address: |
| <input type="checkbox"/> | Note: If you have an investment partner(s) who requires separate annual property statements and is entitled to a part of the proceeds, please check this box and fill out separate forms for each partner |

OWNER DEPOSIT OPTIONS

If it is necessary for you to receive your owner proceeds as early as possible, we will make a special effort to do so. We do our best to issue, mail, or deposit owner proceeds depending on the needs of the individual owners.

If you wish, we can send owner proceeds to your bank (fill in the blanks below):

| | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | No, do not send owner proceeds to my bank. Send them to the address above. | |
| <input type="checkbox"/> | Yes, please send owner proceeds to my bank (fill in the blanks below) | |
| Name of your bank | Branch or Address | Account Number |
| | | |

NOTE: If in the future there are any changes in the information on this completed form, please notify The Executive Real Estate Group (ERG) in writing as soon as possible. THANK YOU.

| 1. MORTGAGE PAYMENT | | |
|-------------------------------------|---|-------------|
| <input checked="" type="checkbox"/> | Owner will continue to pay himself. | |
| <input type="checkbox"/> | ERG will pay on owner's behalf from funds in the trust account. | |
| Payment Address | | |
| Payment Amount | Payment Due Date | Loan Number |

| 2. SECOND TRUST DEED PAYMENT | | |
|-------------------------------------|---|-------------|
| <input checked="" type="checkbox"/> | Owner will continue to pay himself. | |
| <input type="checkbox"/> | ERG will pay on owner's behalf from funds in the trust account. | |
| Payment Address | | |
| Payment Amount | Payment Due Date | Loan Number |

| 3. PROPERTY TAX PAYMENTS | | |
|--|---|-------------|
| <input checked="" type="checkbox"/> | Owner will continue to pay himself. | |
| <input type="checkbox"/> | ERG will pay on owner's behalf from funds in the trust account. | |
| Payment Address | | |
| Payment Amount | Payment Due Date | Loan Number |
| \$ _____ 1 installment is due on the 1 day of November ---1 installment is late after the 10 of December. \$ _____ 2 installment is due on the 1 day of February --- 2 installment is late after the 10 of April. | | |

| 4. INSURANCE PREMIUMS | | |
|-------------------------------------|---|-------------------------|
| <input checked="" type="checkbox"/> | Owner will continue to pay himself. | |
| <input type="checkbox"/> | ERG will pay on owner's behalf from funds in the trust account. | |
| Name of Agency | | |
| Payment Address | | |
| Payment Amount | Next Premium Due | Insurance Policy Number |

| 5. HOMEOWNER DUES | | |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | Owner will continue to pay himself. | |
| <input type="checkbox"/> | ERG will pay on owner's behalf from funds in the trust account. | |
| Payment Address | | |
| Payment Amount | Payment Due Date | |

| 6. GARDENING AND/OR POOL SERVICE | | |
|-------------------------------------|---|--------------------------------------|
| <input checked="" type="checkbox"/> | Owner will continue to pay himself. | <input type="checkbox"/> Tenant Pays |
| <input type="checkbox"/> | ERG will pay on owner's behalf from funds in the trust account. | |
| Payment Address | | |
| Payment Amount | Payment Due Date | |

| 7. UTILITIES: WATER | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Owner will continue to pay himself. | <input checked="" type="checkbox"/> Tenant Pays |
| <input type="checkbox"/> | ERG will pay on owner's behalf from funds in the trust account. | |
| Payment Address | | |
| Payment Amount | Payment Due Date | Account Number |

| 8. UTILITIES: ELECTRICITY | | |
|---------------------------|---|---|
| <input type="checkbox"/> | Owner will continue to pay himself. | <input checked="" type="checkbox"/> Tenant Pays |
| <input type="checkbox"/> | ERG will pay on owner's behalf from funds in the trust account. | |
| Payment Address | | |
| Payment Amount | Payment Due Date | Account Number |

| 9. UTILITIES: GAS | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Owner will continue to pay himself. | <input checked="" type="checkbox"/> Tenant Pays |
| <input type="checkbox"/> | ERG will pay on owner's behalf from funds in the trust account. | |
| Payment Address | | |
| Payment Amount | Payment Due Date | Account Number |

| 10. UTILITIES: TRASH | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Owner will continue to pay himself. | <input checked="" type="checkbox"/> Tenant Pays |
| <input type="checkbox"/> | ERG will pay on owner's behalf from funds in the trust account. | |
| Payment Address | | |
| Payment Amount | Payment Due Date | Account Number |

| 11. OTHER | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Owner will continue to pay himself. | <input checked="" type="checkbox"/> Tenant Pays |
| <input type="checkbox"/> | ERG will pay on owner's behalf from funds in the trust account. | |
| Payment Address | | |
| Payment Amount | Payment Due Date | Account Number |

| RENTAL PROPERTY INFORMATION | | | |
|---|-------------------------------------|---|---------------------------------|
| Rental Address | City | State | Zip |
| Cross Streets | | | |
| Type | <input type="checkbox"/> SFR | <input type="checkbox"/> Condo/Townhome | <input type="checkbox"/> Duplex |
| | <input type="checkbox"/> Other | | |
| Is this property attached or detached? | <input type="checkbox"/> Attached | <input type="checkbox"/> Detached | |
| How many stories is this home/unit? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Is the unit located upstairs or downstairs? | <input type="checkbox"/> Downstairs | <input type="checkbox"/> Upstairs | |
| Square Feet | Year Built | Lot Size | School District and Names |
| Is the rental located in a gated community? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

| GARAGE/PARKING INFORMATION | | | |
|---------------------------------|------------------------------|-----------------------------|----------------------------|
| Is there a garage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is it attached? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Size | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Are there remote openers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? |
| Is there a carport? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is there RV parking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are there any assigned spaces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How many? |
| Additional Parking Information: | | | |

| ROOMS | | | | |
|-------------------|--------------------------------------|---------------------------------|--------------------------------------|----------------------------|
| Bedrooms: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Living Room: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Kitchen: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Total Baths: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| How many: | Full Baths | 3/4 Bath | 1/2 Bath | 1/4 Bath |
| Dining: | <input type="checkbox"/> Dining Room | <input type="checkbox"/> Eat In | <input type="checkbox"/> Counter/Bar | |
| Additional Rooms: | <input type="checkbox"/> Family room | <input type="checkbox"/> Den | <input type="checkbox"/> Sun room | |
| | <input type="checkbox"/> Loft | <input type="checkbox"/> Bonus | <input type="checkbox"/> Other | |

| KITCHEN (Please check all that apply) | | | | |
|---|---|--|------------------|--|
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Range Oven | Gas or Electric? | |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Trash compactor | | |
| Who is responsible for the maintenance of these items? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | |
| Additional kitchen Information: | | | | |

| OUTDOOR AREAS | | | | |
|--|--------------------------------|----------------------------------|--|--|
| Please indicate which indoor area(s) the property has: | | | | |
| <input type="checkbox"/> Backyard | <input type="checkbox"/> Patio | <input type="checkbox"/> Balcony | | |
| Is the yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a patio cover? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| AMENITIES | | | | |
|---------------------------------|---------------------------------------|---|--|-----------------------------------|
| Fireplace | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Type: <input type="checkbox"/> Gas | <input type="checkbox"/> Electric |
| Location: | <input type="checkbox"/> Wood | | | |
| Washer Dryer Hookup | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Type: <input type="checkbox"/> Gas | <input type="checkbox"/> Electric |
| Location: | | | | |
| Washer Dryer In Unit: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Responsibility: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner | |
| Community Laundry: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Swimming Pool: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Private | <input type="checkbox"/> HOA |
| Spa/Jacuzzi | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Private | <input type="checkbox"/> HOA |
| Additional Amenities: | | | | |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Club House | <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Gym | |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Business Ctr | <input type="checkbox"/> Playground | <input type="checkbox"/> Lake | |
| <input type="checkbox"/> BBQ | <input type="checkbox"/> Lake | <input type="checkbox"/> Other | | |

FLOORING

Check all that apply:

| | | |
|--------------------------|----------------|-----------|
| <input type="checkbox"/> | Carpet | Location: |
| <input type="checkbox"/> | Vinyl Tile | Location: |
| <input type="checkbox"/> | Wood | Location: |
| <input type="checkbox"/> | Pergo/Laminate | Location: |
| <input type="checkbox"/> | Ceramic | Location: |
| <input type="checkbox"/> | Other: | Location: |

HEATING AND COOLING

| | | | | | | |
|----------------------------------|--------------------------|---------|--------------------------|-------------|--------------------------|--------|
| Cooling: | <input type="checkbox"/> | Central | <input type="checkbox"/> | In Wall A/C | <input type="checkbox"/> | Other: |
| Heating: | <input type="checkbox"/> | Central | <input type="checkbox"/> | Forced Air | <input type="checkbox"/> | Other: |
| Does the home have ceiling fans: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | |

LEASING INFORMATION

| | | | | | | | | |
|----------------------------|--------------------------|----------|--------------------------|-----------|--------------------------|-----|--------------------------|-------|
| Is the property: | <input type="checkbox"/> | Occupied | <input type="checkbox"/> | Vacant | | | | |
| When is it ready to lease? | | | | | | | | |
| Terms: | <input type="checkbox"/> | 6 Months | <input type="checkbox"/> | 12 months | <input type="checkbox"/> | MTM | <input type="checkbox"/> | Other |
| Showing Instructions: | | | | | | | | |
| Are pets allowed: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| Type: | <input type="checkbox"/> | Dog | <input type="checkbox"/> | Cat | | | | |
| Any Restrictions: | | | | | | | | |
| Is smoking allowed: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| MONTHLY RENT: | \$ | | | | | | | |
| SECURITY DEPOSIT: | \$ | | | | | | | |
| PET DEPOSIT: | \$ | | | | | | | |
| OTHER: | | | | | | | | |

PROPERTY DESCRIPTION

Please use the space below to highlight any special features or details of your property.

SPECIAL INSTRUCTIONS

Please use the space below to tell us about anything that you might feel is important for us to better manage your home.

ERG Office Use Only

| |
|--|
| Showing Information |
| Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied |
| Showing Dates: |
| Showing Times: |
| Showing Instructions: |
| Driving Directions: |