

OWNER



INTAKE

REALVEST PROPERTY MANAGEMENT



FIRST
MIDDLE
LAST
DATE OF BIRTH



ADDRESS 1
ADDRESS 2
CITY
STATE
ZIP CODE
PHONE
EMAIL
EMERGENCY CONTACT
PHONE



PROPERTY ADDRESS 1
ADDRESS 2
CITY
STATE
ZIP CODE
HOA



REALVEST PROPERTY MANAGEMENT



**APPLIANCES INCLUDED
REPAIR ALLOWANCE
PREFERRED CONTRACTORS
OWNER REQUIREMENTS**



REQUIRED DOCUMENTS

**FULL LEASE LEDGER
W-9
DIRECT DEPOSIT FORM**