



New Management Assignment Takeover Checklist

Location(s) of Property _____

Take Over Date _____

Building Phone Number _____

Previous Management Firm _____

Contact Person(s) _____

Telephone # _____

Existing Personnel _____

Verify Occupancy:

Are fully executed current leases in place?
Yes ___ No ___

Are all rents current?
Yes ___ No ___

Is there a list of all residents with both home and work phone numbers?
Yes ___ No ___

Have the security deposit amounts been verified with Lease Agreements?
Yes ___ No ___

Have the security deposit amounts been verified with Tenants?
Yes ___ No ___

Are there any pending legal actions involving tenants?
Yes ___ No ___

Have all vacant units been viewed to assure they are vacant?
Yes ___ No ___

Are all delinquent renters in possession of the units they lease?
Yes ___ No ___

Have all delinquent renters been served Termination Notices?
Yes ___ No ___



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Services requiring assurance of continuation:

Has the electric company been notified of changes and made final readings?

Yes ____ No ____

Has the gas company been notified of changes and made final readings?

Yes ____ No ____

Has the water company been notified of changes and made final readings?

Yes ____ No ____

Has the scavenger company been notified of the change in ownership/management and billing?

Yes ____ No ____

Have you provided for ongoing janitorial services?

Yes ____ No ____

Have you provided for ongoing maintenance services?

Yes ____ No ____

Have you provided for ongoing landscape services?

Yes ____ No ____

Building Code Issues:

Are there any existing Notices of Violations?

Yes ____ No ____

Does each unit have an operating smoke detector?

Yes ____ No ____

Are carbon monoxide detectors in place?

Yes ____ No ____

Are there proper locks on windows and doors?

Yes ____ No ____

Are all windows and screens in good repair?

Yes ____ No ____

Has the building been properly registered with the city?

Yes ____ No ____

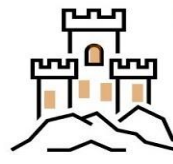
Emergency Procedures:

Have you contracted with an answering service for after hours?

Yes ____ No ____

Have current residents been informed of any changes that they'll be required to make?

Yes ____ No ____



Have emergency point people been identified and provide with your emergency procedures plan?
Yes ____ No ____

Have emergency service providers been identified and contracted with?
Yes ____ No ____

Do You Have Reports from Previous Owner/Agent:

- Regulatory Agreements
- Financial Reports
- Inventory
- Security Deposit Listing
- Waiting Lists
- Legal Actions
- Current Billing
- Personnel Records

Service Contracts in Place:

_____ terms

_____ terms

_____ terms

_____ terms

_____ terms

Immediate Actions Needed:

Comments:

Completed By _____ Date _____