



31 Hoffman Drive
 Gulf Breeze, FL 32561
 (850) 934-1600 | (850) 932-1997 Fax



rentals.eralegacy@gmail.com

****PROPERTY INFORMATION****

Property Address _____ County _____

City, St Zip _____ Cross Street _____

Subdivision Name _____ Special Features: _____

Insurance Co _____ Policy # _____ Renew Date _____

Termite Bond Co. _____ Policy # _____ Renew Date _____

Home Warranty Co. _____ Policy # _____ Renew Date _____

Is prop. title subject to pending legal action/foreclosure? YES/NO NO Was any/all remodels properly permitted? YES/NO NO

Are lot boundaries different from what is obvious? YES/NO NO

Additional info/condition that prospective tenant should know? _____

Are there any unusual lease terms/conditions you would like imposed? _____

Sq. Ft. _____ Year Built _____ # of B/R # of BA Covenants? NO / YES (provide copy)

****APPLIANCES TO REMAIN(Make and Model)****

Refrigerator _____ Dishwasher _____

Range/Oven _____ Disposal _____

Cook top _____ Trash compactor _____

Separate Oven _____ Washer _____

Microwave _____ Dryer _____

****MECHANICAL INFORMATION(Make, Model and Remaining Warranty)****

Air Conditioning/Heating System Type/Year Installed _____

Is all plumbing in working order? YES / NO NO Main water turn-off location _____

Water Heater Type/Size/Gallons: _____ Electric, Gas or Solar _____

Furnace type(Circle One): _____ Electric/Gas/Oil/Other _____ Date/Result of Last Service: _____

Lawn Equipment(Make, Model, Warranty) _____ Lawn Pump _____ Sprinkler System _____

Automatic Timer _____ Turnoff Location _____

Garage Door Opener _____ Number of remotes _____

Pool Equipment (Make, Age, Warranty) _____ Pool Size _____

Concrete/Gunite/Vinyl (Full or bottom) _____ Cleaning Accessories _____

Whirlpool/Hot Tub _____ Automatic Chlorinator _____

Pump _____ Heater _____

Do all windows lock? YES / NO NO

****PERSONAL/ATTACHED PROPERTY TO REMAIN ON PREMISES:****

Of smoke detectors _____ Carbon Monoxide Detector _____

Grill (Type) _____ Fireplace Screen/Equipment (Type) _____

Celling Fans(Number and Locations)

Kitchen		Living Room		Dining Room		Baths	
Great Room		Bedroom 1		Bedroom 2		Bedroom 3	
Bedroom 4		Others: _____					

Alarm System: YES / NO Instructions : _____

Monitored? YES / NO Company: _____

Are there any Hurricane Preparatory Materials provided? YES/NO

Do you have special instructions for tenants in regards to hurricanes YES/NO _____

****FLOOR/WALL COVERING****

Carpet/Color/Type _____	Vinyl _____	Tile(cracks/mortar problems)			
Wood(Note condition of finish)		Damp Mop	YES / NO	Wax	YES / NO
Hardwood Floors		Damp mop	YES/ NO	Wax	YES / NO

Wall Covering _____

Interior Paint(Brand & Color Code) _____

If different in rooms, please list room and paint/color/sheen _____

Ext Paint (Brand/Color Code) _____

Date fireplace was cleaned last/results? _____ Exterior Wood (Note Areas That Are Rotten or Weak) _____

Roof type? _____ Age _____

Warranty _____ Does it leak? _____ YES / NO

****UTILITY INFORMATION (Please Tell Us Which Company Provides Service):****

Electric Company _____	Location of: _____
Water/Sewer/Garbage _____	Cable Outlets _____
Gas _____	Telephone Outlets _____

****OTHER RENTAL INSTRUCTIONS/RESTRICTIONS:****

Pets Allowed YES / NO Pet Fee Required YES / NO Smokers Allowed? YES / NO

Limitations

Keys(How Many)	Front Door	Back Door	Garage	Dead Bolt	Mail Box
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Other Notes _____