



**Residential Rental
Property Preview Questionnaire**

To best serve you and to become familiar with the property, please complete this questionnaire.

Name: (As printed on the Deed)			
Rental Address:		Home Address:	
Home #:	Cell #:	E-mail:	Fax #:
Year/Season Built:	Management: Full or Lease	Total Square Footage:	Furnished? Yes or No
# of Bedrooms:	# of Bathrooms:	School District:	In Foreclosure? Yes or No
For Sale? Yes or No	If Yes, Agents Name:		Company:
Please circle or highlight, which applies			
Accept Pets?	If Yes, Cat Dog Both Upon Owners Approval		
Part of an Association?	If Yes, Bylaws: Yes or No Dues: Yes or No (Financially the owners responsibility)		
County:	Gd. Traverse – Leelanau – Benzie – Antrim – Wexford – Missaukee - Mecosta – Montcalm – Osceola – Roscommon – Crawford - Ogemaw		
Exterior:	Wood - Cedar - Aluminum - Vinyl - Stone - Brick - Block - Hardboard		
Zoning:	Residential - Commercial - Multi Family - Condominium - Agricultural		
Style:	Ranch - Bi-level - Tri-level - 2-story - Mobile - Condominium - Other		
Road:	City - County - Private Maintained		Dirt - Paved
Garage:	1 Car - 2 Car - 3+ Car - Attached - Detached - Carport - None - Garage Door Opener(s)		
Basement:	Full - Partial - Finished - Unfinished - Crawl - Slab - Walkout - Michigan - None		
Heat Type:	Nat. Gas F/A - Nat. Gas H/W - LP F/A - LP H/W - Oil F/A - Oil H/W - Electric		
Water Heater:	Natural Gas – LP Gas - Electric	Age:	Service Company:
Sewer	Septic System - Municipal	Last Pumped:	Service Company:
Fireplace:	Natural - Gas - Woodstove	Usable or Prohibited?	Last Cleaned: Service Company:
Refrigerator:	Icemaker - Self Defrost		Brand:
Oven/Range:	Self – Cleaning - Gas - Electric		Brand:
Water Softener:	Included In Rent:	Purchase Salt:	Service Company:
Includes:	Microwave - Dishwasher - Garbage Disposal - Window Treatments - A/C Unit – Central Air - Humidifier/Dehumidifier		
Washer/Dryer:	Electric - Gas	Included or Hookup Only?	Service Company:
Please include name of each utility companies that tenants will be responsible for. Place a check mark in box if included with rent.			
	Gas:	Meter #:	Avg. Cost: \$
	Electric:	Meter #:	Avg. Cost: \$
	Water:	Meter #:	Avg. Cost: \$
	Lawn Care:	Snow Removal:	Sewer:
	Irrigation:	Garbage Removal:	Cable:
Location of:	Breaker Box -		Water Shut Off -
Please list special instructions, specific contractors (if any), any past issues, etc. below:			
How did you hear about us?			