

UNIT AMENITIES WORKSHEET

This worksheet should be completed in conjunction with the Property Information Questionnaire

Unit Address: **Unit:**
 Street Address

.....
 City, State, Zipcode

of Bedrooms: **# of Bathrooms:** **Approximate Square Footage:**

Currently Rented: Yes No **Current Rent or Desired Rent:** \$ per month

If currently leased, please provide the following. A soft copy is preferred.

- Tenant contact information (mailing address, email, phone, etc)
- Lease agreement
- Lease addendums, if any
- Notices of Rent Increases
- Notices from Housing Authority regarding the unit, if applicable

Housing:

Are you willing to lease this unit to a tenant in a Housing Program?

- Section 8 Housing Vouchers may be accepted
- Special Housing Programs such as HealthTrust, Abode, Downtown Streets may be accepted
- Please consult owner prior to listing the unit
- Never accept housing assistance programs
- Other

Utilities: Who is responsible for the utilities of this unit?

Utility	Owner	Tenant	Vendor Name	Other Information
PG&E	<input type="checkbox"/>	<input type="checkbox"/>		
Garbage				Pick Up Day(s)
Gardener				Service Schedule
Cable				
Internet				
HOA Dues				

Kitchen Amenities:

Please describe the kitchen amenities that are provided in this unit.

Appliances	Source of Power	Color	Make / Model	Under Warranty?
<input type="checkbox"/> Refrigerator	Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stove / Range	<input type="checkbox"/> Gas <input type="checkbox"/> Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cook Top	<input type="checkbox"/> Gas <input type="checkbox"/> Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wall Oven (single)	<input type="checkbox"/> Gas <input type="checkbox"/> Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wall Oven (double)	<input type="checkbox"/> Gas <input type="checkbox"/> Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Vent Hood	Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Vent Hood with Microwave	Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Microwave (stand alone)	Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Garbage disposal	Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dishwasher	Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Trash Compactor	Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please described any other Kitchen amenities not listed above.

What kind of flooring is in the kitchen?

- Wood / Laminate
- Tile
- Linoleum
- Other: _____

What kind of countertops are in the kitchen?

- Laminate / Formica
- Tile
- Granite / Stone
- Other: _____

Rooms:

Please indicate which of the following room amenities apply to this unit.

Room	Flooring	Other Features
<input type="checkbox"/> Family Room	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Formal Living Room	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Formal Dining Room	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Master Bedroom	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other Bedroom #1	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other Bedroom #2	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other Bedroom #3	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other Bedroom #4	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other Bedroom #5	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	

Rooms, continued

<input type="checkbox"/> Laundry Room	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Bonus Room	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Master Bath, On Suite	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 Sink <input type="checkbox"/> 2 Sinks <input type="checkbox"/> Shower over tub <input type="checkbox"/> Stand alone Shower <input type="checkbox"/> Jacuzzi tub <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other Bathroom #1 <input type="checkbox"/> Full Bath <input type="checkbox"/> Half Bath	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 Sink <input type="checkbox"/> 2 Sinks <input type="checkbox"/> Shower over tub <input type="checkbox"/> Stand alone Shower <input type="checkbox"/> Jacuzzi tub <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other Bathroom #2 <input type="checkbox"/> Full Bath <input type="checkbox"/> Half Bath	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 Sink <input type="checkbox"/> 2 Sinks <input type="checkbox"/> Shower over tub <input type="checkbox"/> Stand alone Shower <input type="checkbox"/> Jacuzzi tub <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other Bathroom #3 <input type="checkbox"/> Full Bath <input type="checkbox"/> Half Bath	<input type="checkbox"/> Carpet <input type="checkbox"/> Wood / Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 Sink <input type="checkbox"/> 2 Sinks <input type="checkbox"/> Shower over tub <input type="checkbox"/> Stand alone Shower <input type="checkbox"/> Jacuzzi tub <input type="checkbox"/> Other: _____

Laundry:

Which of the following laundry amenities are on this property?

- There are no laundry facilities
- There is a shared laundry facility on the property
 - Access by key
 - Access by key code
 - Unlocked at all times
- There are washer / dryer hookups inside the unit (tenant must provide appliances)
 - Dryer hookup is Gas
 - Dryer hookup is Electric
 - Washer hookup is Gas
 - Washer hookup is Electric
- There is a washer in the unit, but it will not be maintained or replaced by owner
- There is a dryer in the unit, but it will not be maintained or replaced by owner
- The following laundry appliances are in the unit and maintained by owner

Appliances	Source of Power	Color	Make / Model	Under Warranty?
<input type="checkbox"/> Washer	<input type="checkbox"/> Gas <input type="checkbox"/> Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dryer	<input type="checkbox"/> Gas <input type="checkbox"/> Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No

Fireplaces:

Are there fireplaces in the unit? Yes No

Are they operable? Yes No

Are Tenants allowed to use them? Yes No

Location of fireplaces (including number and location of each):

Last date of fireplace service / cleaning?

Name of preferred vendor (if any) for fireplace service?

Fencing:

Is the front yard fully fenced? Yes No Other:

Is the back yard fully fenced? Yes No Other:

Mailbox:

What type of mailbox is on the property?

- Mailbox on post, curbside: Locked? Yes No
- Wall mounted mailbox attached to structure: Locked? Yes No
- Cluster mailbox, one box per unit: Property of Owner Property of the USPS
- Tenant will need to get P.O. Box
- Other:

Where are the keys of all the mailboxes on the property?

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Landscaping:

Please describe the landscaping for this unit.

Front Yard (check all that apply):

- Unit does not have its own front yard
- Grass
- Desert / Drought resistant
- None
- Maintained by HOA
- Maintained by Gardener, included in rent
- Maintained by Tenant
- Has a sprinkler system

Back Yard (check all that apply):

- Unit has a patio only (ground floor)
- Unit has a balcony (above 1st floor)
- Unit does not have a back yard
- Grass
- Desert / Drought resistant
- None
- Maintained by HOA
- Maintained by Gardener, included in rent
- Maintained by Tenant
- Has a sprinkler system

If there is a sprinkler system on this property, where is the shut off valve located?

Is there anything else we should know about the yard / patio / outside amenities?

Water / Sewer:

Please provide the following information about the water amenities of this unit.

- Location of main water shut off:
- Water heater is ...
 - Gas
 - Electric
 - Standard tank
 - Tankless
 - Location:
- Is there a sewer cleanout on the property? Yes No
 - Location:

Parking:

What type of parking is available for tenants?

- Garage: _____ Spaces; Attached Detached
- Garage door opener: Yes No
- Carport: _____ Spaces; Assigned Unassigned

- Off Street, uncovered: _____ Spaces; Assigned Unassigned
- Street Parking

Parking, continued: Is a parking permit required? *if desired, Gower Properties can issue parking permits for off-street parking*

- Yes
- No

Who issues the parking permit?

- Owner / Property Manager
- City
- HOA
- Other: _____

Other:

Which of the following apply to this unit?

- There are operable smoke detectors on the property

How many and location of each?

- There are operable carbon monoxide detectors on the property

How many and location of each?

- There is a security alarm system on the property
 - System maintained by owner
 - Monitoring service paid by owner
 - Monitoring service paid by tenant
 - Monitoring company:
 - Phone:

Please list / specify all keys, remotes, FOBs, etc. that will be provided to tenant(s)

Please list any additional information or conditions affecting the unit that the prospective tenant should know.

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Please list any unusual / additional lease terms/conditions that you would like to have imposed on prospective tenants.

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Please list any known maintenance issues on the unit

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SIGNED BY OWNER

Date	Name (Print)	Signature*
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