

HOME DETAILS

PROPERTY ADDRESS: _____

UTILITIES

ELECTRICITY

GAS

WATER

SEWER

Provider:				
Avg. Monthly Cost:				
Budget Plan:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

ADDITIONAL SERVICE PROVIDERS

Trash Pick-Up: _____ Pick-Up Day: _____

Fee Amount: _____ Included in HOA Included in Taxes Pay Directly

Internet Provider: _____ Fee Amount: _____

Alarm Service: _____ Fee Amount: _____

Yard Care: _____ Fee Amount: _____

HOA INFORMATION

No HOA Mandatory Fee Voluntary Fee

Management Company: _____

Company Contact: _____

Fee Amount: _____ Annually Quarterly Monthly Other

Community Amenities: Pool Playground Clubhouse Fitness Center Tennis

Trash Removal Snow Removal Other: _____

MECHANICALS

FURNACE: Electric Gas

Age: _____

WATER HEATER: Electric Gas

Age: _____

AGE OF ROOF: _____

A/C: Electric Gas

Age: _____

WATER SOFTENER: Electric Gas

Age: _____

Owned Rented Not Included