



American Heritage Properties
 Owner / Property Information

Office Use Only
 QA _____ Yardi _____

Property Address: _____ Mgmt. Start Date: _____

Property Owner: _____ Agent: _____ Group: _____

Please fill in the following items that apply to you or your property and return to me at your earliest convenience in the envelope provided.

New Mailing Address: _____

New Home Phone #: (_____) _____ Husband Work Phone #: (_____) _____

Wifes Work Phone #: (_____) _____ Fax #: (_____) _____

Email Address: _____

Emergency Contact: _____ Can They Make Decisions For You: Yes _____ No _____

Emergency Contact Phone #: (_____) _____

Insurance Company: _____ Policy #: _____

Insurance Agent: _____ Phone #: (_____) _____

Home Warranty Company: _____ Policy #: _____

Home Warranty Company Phone #: (_____) _____

Alarm Company: _____ Phone #: (_____) _____

Alarm Keypad Code: _____ Password: _____

Pool / Spa Service: _____ Phone #: (_____) _____

Gardner: _____ Phone #: (_____) _____

Paint Brand: _____ Color Code: _____

HOA Name: _____ Acct. # _____

HOA Management Company: _____ Phone #: (_____) _____

HOA Mgmt Co. Address: _____

Please provide AHP with a copy of the Rules & Regulations for your HOA. We will make these an addendum to the lease.

Mail Box #: _____ Parking Space #: _____ Will Tenant Need Parking Sticker? Yes _____ No _____

Please check the following items you will be turning over to AHP upon your moveout:

House Key: _____ Garage: Key _____ Remotes _____ Mail Box Key: _____ Pool/Common Key: _____ Padlock Key: _____