

# Market South Management

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## NEW ACCOUNT SETUP FORM

All Owner's Full Name(s) \_\_\_\_\_ SSN \_\_\_\_\_  
\_\_\_\_\_ SSN \_\_\_\_\_

### Primary Owner's Contact Info: ADDRESS

PHONE: HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_  
E-MAIL \_\_\_\_\_

Property Address \_\_\_\_\_  
Street Unit # City Zip

Rent Amount \$ \_\_\_\_\_ Instructions for dispersing Owner funds (attach **personalized** deposit slips, account numbers, etc.)

### Utilities/Services

Please fill in all blanks. If the answer is none, please write none, if the question does not apply, enter n/a. Check who is responsible for payment in the last two columns.

Utility/Service	Provider	Phone	Owner	Tenant
Electric				
Natural Gas				
Water				
Sewerage	<input type="checkbox"/> Public <input type="checkbox"/> Septic tank – Location?			
Trash				
Fire Protection				
T V Cable				
Termite bond	<input type="checkbox"/> Treatment only <input type="checkbox"/> Treatment/Repair			
Pest control				
Lawn Service				
Pool/Hot Tub Service	Owner must provide regular pool maintenance			
Other Services				

### Property Description (Unit # \_\_\_\_\_)

Style \_\_\_\_\_ #Bedrooms \_\_\_\_\_ #Baths \_\_\_\_\_ Square feet \_\_\_\_\_ Year built \_\_\_\_\_  Dining Room  
 Living Room  Family Room or Den  Great Room  Bonus Room  Sun Room  Working Fireplace(s) # \_\_\_\_\_  Fenced Yard  
 Screen Porch  Deck  Patio  Balcony  #Garage \_\_\_\_\_  Carport  Driveway - Foundation  Slab  Crawl

Other rooms/features? \_\_\_\_\_

Flooring: Hardwood in \_\_\_\_\_ Carpet in \_\_\_\_\_ Vinyl in \_\_\_\_\_ Tile in \_\_\_\_\_

Will you allow pets?  No  Yes If yes, limitations? \_\_\_\_\_

### Neighborhood

Is there a Homeowners/Condo Association?  No  Yes If yes, provide association contact information, copy of by-laws, rules & regulations, etc. Do Tenants have access to  Swimming Pool  Tennis Courts  Clubhouse  Fitness Center  Other \_\_\_\_\_

Include any special instructions for the use of these amenities:  Pool Pass  Gate Code \_\_\_\_\_ Sign Restrictions  No  Yes

### Appliances

Unit	Status/Age O-Operable I-Inoperable N-Not supplied	Color	Brand/model Number	Comments
Stove/range				<input type="checkbox"/> Gas <input type="checkbox"/> Electric
Oven				<input type="checkbox"/> Gas <input type="checkbox"/> Electric
Disposal		-----		
Dishwasher				
Refrigerator				Icemaker?
Microwave				<input type="checkbox"/> Built-in <input type="checkbox"/> Freestanding
Washer				
Dryer				<input type="checkbox"/> Gas <input type="checkbox"/> Electric
Trash Compacter				
Hot water heater		-----		<input type="checkbox"/> Gas <input type="checkbox"/> Electric
Garage door opener		-----		Number of remotes
Other				

### Mechanical Systems

Location of Electrical Panel(s) \_\_\_\_\_

Location of main water shut-off? \_\_\_\_\_

Sprinkler system?  No  Yes If yes, location of control panel & contacts for adjustments & repairs \_\_\_\_\_

Smoke detectors  Carbon Monoxide detectors located \_\_\_\_\_  Battery  Hardwired

Is there a Security System?  No  Yes If yes, provide **complete** information about codes, operation, monitoring contracts, billing, etc.

Code # \_\_\_\_\_

Heating? Check all that apply  Gas  Electric  Central  Heat pump  Floor furnace  Space  Baseboard  Other \_\_\_\_\_

Cooling? Check all that apply  None  Central  Heat pump  Window units located \_\_\_\_\_

### Insurance/Warranty Information

Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Agent & phone # \_\_\_\_\_

Home Warranty  No If  Yes, Include Copy of Warranty

Termite Bond  No If  Yes, Company name \_\_\_\_\_ Contract # \_\_\_\_\_ Phone # \_\_\_\_\_

***Please provide copies of insurance policy declarations page and all warranties/bond contracts.***

### Miscellaneous

Are you aware of any air quality problems such as mold or mildew with your property?  No  Yes If yes, describe \_\_\_\_\_

Describe any current or recent problems you have had with the property, systems or appliances \_\_\_\_\_

Is there any additional information or condition affecting your property a resident or we should know? \_\_\_\_\_

Are there any unusual lease terms or conditions to impose?  No  Yes If yes, describe \_\_\_\_\_

Does your neighborhood have any restrictions the residents or we should know about?  No  Yes If yes, describe \_\_\_\_\_

Give the complete name, address, phone numbers and e-mail addresses for an emergency contact outside your household. \_\_\_\_\_