

# Property Questionnaire

|                  |      |
|------------------|------|
| Contact Name:    |      |
| Contact Address: |      |
| Contact Phone:   | Fax: |
| Contact Email:   |      |
|                  |      |

Property Address: \_\_\_\_\_ County: \_\_\_\_\_

Ownership Name: \_\_\_\_\_

Type of Property: \_\_\_\_\_

Owner Occupied:  \_\_\_\_\_ square footage\*  
Leased to Tenants:  \_\_\_\_\_ square footage\*

*If property is partially owner occupied and partially leased please check both lines.*

*\*Please provide square footage of owner occupied and tenant occupied portions.*

*Approximate Square Footage of Building (without basement):* \_\_\_\_\_

*Does the property have a Basement:* Yes  No

*Approximate Square Footage of Finished Basement: Approximate* \_\_\_\_\_

*Square Footage of Unfinished Basement:* \_\_\_\_\_

***If Leased to Tenants:***

*Lease Rate:* \_\_\_\_\_

**Tenant or Owner Pays the following:**

|                 | Owner                    | Tenant                   |
|-----------------|--------------------------|--------------------------|
| Property Taxes: | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintenance:    | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance:      | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_