



250 S. Orange Street, Suite 5
Escondido, CA 92025
Phone 760-755-1700 Fax 760-571-9403

Property Worksheet-Please Return to Office

Property Address: _____ Date: _____

Owner 1 Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Owner 2 Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Property will be available on: _____

▪ Home Warranty Information:

Company Name: _____ Policy #: _____

Phone #: _____ Items Covered: _____

▪ Insurance Information: **Please contact your carrier to notify them the property will be a rental and adjust coverage accordingly.** (see PPS policies and procedures for Tenants' insurance requirements)

Company Name: _____ Policy #: _____

Agents Name: _____ Phone #: _____

▪ Landscaping: PPS to pay monthly bill? Y / N / or N/A

Contact Name: _____ Phone #: _____

Billing Address: _____



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- Pool Service: PPS to pay monthly bill? Y / N / or N/A

Contact Name: _____ Phone #: _____

Billing Address: _____

- Pest Control: PPS to pay monthly bill? Y / N / or N/A

Contact Name: _____ Phone #: _____

Billing Address: _____

- HOA Information: PPS to pay monthly bill? Y / N / or N/A

HOA Name: _____ Phone #: _____

HOA Billing Address: _____

HOA Monthly Dues: Amount: \$ _____

Copy of Rules and Regulations? Y / N / or N/A HOA Tenant Forms? Y / N / or N/A

HOA Amenities: _____

Guest HOA amenity passes or fobs/Guest parking passes: Y / N / or N/A - How many? _____

- Other monthly bills: _____

- Utility Set Up: What utilities will Tenants need to put in their names:

San Diego Gas & Electric (SDG&E) - Gas Electric or Both

Water Company: Y / N / or N/A – Company Name: _____

Trash: Y / N / or N/A – Company Name: _____

Propane: Y / N / or N/A – Company Name: _____

Solar: Y / N / or N/A – Company Name: _____



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Any unique notes in regard to utilities for the property? Y/ N/ or N/A

House professionally cleaned? Y/ N Windows and Screens cleaned? Y/ N

Carpets professionally cleaned? Y/ N/ or N/A

Any outstanding maintenance to be performed? Y/ N/ or N/A

Parking specifics: _____

Gate Code: _____ Mailbox #: _____

Water Shut Off? _____ Gas Shut Off? _____

▪ Personal Property Left at Property:

Refrigerator: Y/ N/ or N/A Washer: Y/ N/ or N/A Dryer: Y/ N/ or N/A

Copies of each key attached to the property including common area keys? Y/ N

of Keys: _____ House: _____ Mail: _____ Gate: _____ Pool: _____ FOB _____

Garage/Gate Remote: _____ Other: _____