



1070 N. Cole Road, Boise, ID 83704  
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[www.capitalfirstmgmt.com](http://www.capitalfirstmgmt.com)

**PROPERTY INFORMATION QUESTIONNAIRE**

1. Property Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Directions to Property \_\_\_\_\_

Year built \_\_\_\_\_ Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Approx sq ft \_\_\_\_\_ Style of home \_\_\_\_\_

Occupied  Date Available \_\_\_\_\_ Unoccupied

2. Is title to property subject to any pending legal action or foreclosure? Yes  No

3. Are the lot boundaries different from what is obvious? Yes  No

4. LISTED FEATURES:

Listed Features	Yes	No	Additional Information
Wash Dryer Hookup	<input type="checkbox"/>	<input type="checkbox"/>	
Spa or Hot tub	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Storage	<input type="checkbox"/>	<input type="checkbox"/>	
Pool	<input type="checkbox"/>	<input type="checkbox"/>	
Club House	<input type="checkbox"/>	<input type="checkbox"/>	
Park	<input type="checkbox"/>	<input type="checkbox"/>	
Office/Den	<input type="checkbox"/>	<input type="checkbox"/>	
Formal Living room	<input type="checkbox"/>	<input type="checkbox"/>	
Formal Dining room	<input type="checkbox"/>	<input type="checkbox"/>	

Comment [r1]: company

Comment [r2]: Location

\_\_\_\_\_  
 Intials

5. EQUIPMENT:

Equipment	Supplied (Y=YES, N=NO)	Type	Date Last Serviced	In Working Condition (Y=YES, N=NO)	QTY.	Additional Info./known problems
Air conditioning	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>		
Smoke Detectors	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A		Y <input type="checkbox"/> N <input type="checkbox"/>		
Carbon Monoxide Detector	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A		Y <input type="checkbox"/> N <input type="checkbox"/>		
Windows	N/A		N/A	All lock? Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	
Keys for exterior locks?	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	N/A	Y <input type="checkbox"/> N <input type="checkbox"/>		
Heating	N/A			Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	
Gas & Electric Fireplace	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>		
Wood Fireplace	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A		Y <input type="checkbox"/> N <input type="checkbox"/>		
Parking	Y <input type="checkbox"/> N <input type="checkbox"/>	Garage <input type="checkbox"/> Carport <input type="checkbox"/> RV <input type="checkbox"/> Off Street <input type="checkbox"/> ( )	N/A	N/A		Number of parking spaces _____
Plumbing	N/A	N/A		Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	_____
Flooring	N/A	Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/>	N/A	N/A	N/A	_____
Roof	N/A		N/A	N/A	N/A	
Sprinkler System	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	
<p>**Important sprinkler information: Please ensure to mark on last page to have sprinklers system turned on and blown-out; unless you've hired a third party to take care of this for each year (please note this for our information).</p> <p><i>Note: Due to cold winters in Idaho, this is required to prevent frozen and broken pipes.</i></p>						

**Comment [r4]:** Quantity of openers

**Comment [rp3]:** Garage key pad code#

**Comment [r5]:** Main water turnoff location

**Comment [r6]:** i.e. special care/product restrictions

List additional features not list above or in this form \_\_\_\_\_

\_\_\_\_\_

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6. APPLIANCES:

**Supplied indicates owner provides maintenance and/or replacement unless stated otherwise.**

Type of Appliance	Supplied	Not Supplied	Supplied but maintenance and/or replacement <u>not</u> provided	Under Warranty?	Warranty Expiration Date?
Oven/Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
A/C (Central Air)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
A/C (Window unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

List additional "supplied" appliances not listed above \_\_\_\_\_

**Note: Please provide a copy of the warranty details/paperwork for our records.**

Are there any maintenance or servicing issues we should know about on any of the above listed appliances? \_\_\_\_\_

7. APPLIANCE INVENTORY LIST:

Below, please list below the type of appliance, make, model and serial number for inventory purposes.

TYPE	MAKE	MODEL	SERIAL#

8. What expenses do you intend to provide for the tenants? (please check Yes or No):  
**Standard Policy: Rentals metered separate, tenant/s pay all utilities unless stated otherwise.**

Item	Yes	No	Item	Yes	No	Item	Yes	No	Item	Yes	No
Water	<input type="checkbox"/>	<input type="checkbox"/>	Trash	<input type="checkbox"/>	<input type="checkbox"/>	Electric	<input type="checkbox"/>	<input type="checkbox"/>	Irrigation	<input type="checkbox"/>	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	Gas	<input type="checkbox"/>	<input type="checkbox"/>	Yardcare	<input type="checkbox"/>	<input type="checkbox"/>	Pool care	<input type="checkbox"/>	<input type="checkbox"/>

List additional "supplied" items not listed above: \_\_\_\_\_

\_\_\_\_\_ Intials

9. UTILITY & CABLE INFORMATION:

SERVICE	COMPANY
Water	
Sewer	
Garbage	
Cable	
Irrigation Company	

10. ALLOWED/RESTRICTIONS:

ITEM	ALLOWED Y=YES, N=NO	DETAILS
Pets	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Section 8 Housing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lease	N/A	
Property	N/A	

List any Allowed/Restricted items not listed above: \_\_\_\_\_

11. MAINTENANCE:

Are there any service technicians preferred? Yes  No  Preferences: \_\_\_\_\_

Are there any home warranties or items (other than the applicable appliances listed above)? Yes  No

List all items under warranty and expiration dates (other than items listed elsewhere on this form):

Item	Warranty Expiration Date(mm/dd/yyyy)	Detail

**(Please provide the detail/paperwork for our records)**

12. ADDITIONAL INFORMATION:

Is there any additional information or condition affecting your property that a prospective tenant should know?

\_\_\_\_\_

Is there any additional information you'd like to provide us that isn't covered above?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Intials

**General Services offered not included in standard management fees:**

**ONLY SERVICES INITIALED WILL BE COMPLETED**

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

\_\_\_\_\_ Updates on vacancy activity: Weekly  Monthly  @ \$10 per update.  
Preference: via Phone  or via E-mail

\_\_\_\_\_ Interior Property Evaluations: 1  2  3  4  times per year (two included with  
standard management contract). Additional evaluations @ \$35 each.

\_\_\_\_\_ Written Interior Property Evaluation 1  2  3  4  times per year @ \$55 each.  
Emergency/weekends @ \$100 each.

\_\_\_\_\_ Re-keying of locks is required (to be done before a new tenant/s moves in for security and safety reasons).  
Note: Tenant's that sign less than a 1 year lease, pays the re-keying fee.  
(Average home approx. \$75)

\_\_\_\_\_ Gutter cleaning 1  2  times per year. Charges vary.  
(Average home approx. \$75)

\_\_\_\_\_ Lawn care provided for property. Charges vary.  
(Average home approx. \$30 per mow. Additional work i.e. leaf removal, weeding,  
trimming @ \$35 p/hr)

\_\_\_\_\_ Lawn Fertilization 1  2  3  4  times per year @ approximately \$40 per application.

\_\_\_\_\_ Lawn Weed Control Spraying 1  2  3  4  times per year @ approximately \$40 per application.

\_\_\_\_\_ Sprinkler turn-on/blowouts (blowouts which include turn-off in Idaho due to freezing winter weather).  
(Average home is \$30 each service)

\_\_\_\_\_ Pest control 1  2  times per year approximately \$75 per application.

\_\_\_\_\_ Power washing exterior 1  2  per year. Charges vary.  
(Average house approx. \$100, duplex approx. 150, 4-plex approx. \$250)

\_\_\_\_\_ Power washing driveway/parking 1  2  per year. Charges vary.  
(Average driveway approx. \$30, parking stalls \$15)

\_\_\_\_\_ Furnance/Air Conditioner annual service and cleaning.  
(Average annual service contract \$130 plus filter—done twice a year: A/C in Spring and  
furnace in Fall).

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Initials