



Premier Property Solutions

NEW CLIENT MANAGEMENT APPLICATION

CLIENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	SOCIAL SECURITY NUMBER/TAX ID #	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE		
EMAIL ADDRESS				

SPOUSE OR PARTNER INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE		
EMAIL ADDRESS				

TAXPAYER IDENTIFICATION INFORMATION

LEGAL NAME OF ENTITY				
LEGAL ADDRESS		CITY	STATE	ZIP CODE
CONTACT NUMBER		FEDERAL TAXPAYER IDENTIFICATION NUMBER (TIN)		

MONTHLY ACCOUNT STATEMENT

<input type="checkbox"/>	PLEASE MAIL A PAPER COPY OF MY STATEMENT TO THE FOLLOWING STREET ADDRESS:
<input type="checkbox"/>	NOTE: IF YOU HAVE AN INVESTMENT PARTNER(S) WHO REQUIRES A SEPARATE MONTHLY PROPERTY STATEMENT AND IS ENTITLED TO RECEIVE A PROTION OF THE OWNER PROCEEDS, PLEASE CHECK THIS BOX AND FILL OUT SEPARATE FORMS FOR EACH PARTNER.

OWNER DEPOSIT OPTIONS – PROCEEDS DEPOSITED DIRECTLY INTO YOUR BANK ACCOUNT

<input type="checkbox"/>	NO – DO NOT SEND OWNER PROCEEDS TO MY BANK. SEND THEM TO THE ADDRESS LISTED ABOVE	
<input type="checkbox"/>	YES – PLEASE DEPOSIT OWNER PROCEEDS TO MY BANK (FILL IN THE BLANKS BELOW). REPORT ANY CHANGES	
NAME OF YOUR BANK	BRANCH OR ADDRESS	ACCOUNT NUMBER

DISBURSEMENT INFORMATION

PREMIER PROPERTY SOLUTIONS WILL PAY YOUR REOCCURRING BILLS ON YOUR BEHALF. BELOW IS A LIST OF THE MOST COMMON OF THESE BILLS. PLEASE REVIEW EACH ITEM AND INDICATE WHEATHER YOU WANT TO PAY THE BILLS YOURSELF OR PREFER US TO PAY THE BILLS ON YOUR BEHALF.

1. MORTGAGE PAYMENT

- OWNER WILL CONTINUE TO PAY DIRECTLY – PROOF OF PAYMENT MUST BE PROVIDED TO MANAGEMENT.
- PREMIER PROPERTY SOLUTIONS WILL PAY ON OWNER’S BEHALF FROM FUNDS IN THE TRUST ACCOUNT.

PAYMENT ADDRESS:

PAYMENT AMOUNT	PAYMENT DUE DATE	LOAN NUMBER
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2. SECOND TRUST DEED PAYMENT

- OWNER WILL CONTINUE TO PAY DIRECTLY – PROOF OF PAYMENT MUST BE PROVIDED TO MANAGEMENT.
- PREMIER PROPERTY SOLUTIONS WILL PAY ON OWNER’S BEHALF FROM FUNDS IN THE TRUST ACCOUNT.

PAYMENT ADDRESS:

PAYMENT AMOUNT	PAYMENT DUE DATE	LOAN NUMBER
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3. PROPERTY TAX PAYMENTS

- OWNER WILL CONTINUE TO PAY DIRECTLY – PROOF OF PAYMENT MUST BE PROVIDED TO MANAGEMENT.
- PREMIER PROPERTY SOLUTIONS WILL PAY ON OWNER’S BEHALF FROM FUNDS IN THE TRUST ACCOUNT.

PAYMENT ADDRESS:

PAYMENT AMOUNT	PAYMENT DUE DATE	APN NUMBER
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\$ _____ 1ST INSTALLMENT IS DUE ON THE 1ST DAY OF NOVEMBER – LATE IF RECEIVED AFTER THE 10TH DAY OF DECEMBER.

\$ _____ 2ND INSTALLMENT IS DUE ON THE 1ST DAY OF FEBRUARY – LATE IF RECEIVED AFTER THE 10TH DAY OF APRIL.

4. INSURANCE PREMIUMS

- OWNER WILL CONTINUE TO PAY DIRECTLY – PROOF OF PAYMENT MUST BE PROVIDED TO MANAGEMENT.
- PREMIER PROPERTY SOLUTIONS WILL PAY ON OWNER’S BEHALF FROM FUNDS IN THE TRUST ACCOUNT.

NAME OF AGENCY:

PAYMENT ADDRESS:

PAYMENT AMOUNT	NEXT PREMIUM DATE	INSURANCE POLICY NUMBER
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5. HOMEOWNER DUES

- OWNER WILL CONTINUE TO PAY DIRECTLY – PROOF OF PAYMENT MUST BE PROVIDED TO MANAGEMENT.
- PREMIER PROPERTY SOLUTIONS WILL PAY ON OWNER’S BEHALF FROM FUNDS IN THE TRUST ACCOUNT.

PAYMENT ADDRESS:

PAYMENT AMOUNT	PAYMENT DUE DATE	ACCOUNT NUMBER
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6. GARDENER OR POOL SERVICE

<input type="checkbox"/>	OWNER WILL CONTINUE TO PAY DIRECTLY	<input type="checkbox"/>	TENANTS RESPONSIBILITY/TENANT PAYS
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<input type="checkbox"/>	PREMIER PROPERTY SOLUTIONS WILL PAY ON OWNER'S BEHALF FROM FUNDS IN THE TRUST ACCOUNT.		
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PAYMENT ADDRESS:

PAYMENT AMOUNT	PAYMENT DUE DATE	ACCOUNT NUMBER
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7. UTILITIES: WATER/SEWER

<input type="checkbox"/>	OWNER WILL CONTINUE TO PAY DIRECTLY	<input type="checkbox"/>	TENANTS RESPONSIBILITY/TENANT PAYS
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<input type="checkbox"/>	PREMIER PROPERTY SOLUTIONS WILL PAY ON OWNER'S BEHALF FROM FUNDS IN THE TRUST ACCOUNT.		
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PAYMENT ADDRESS:

PAYMENT AMOUNT	PAYMENT DUE DATE	ACCOUNT NUMBER
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8. UTILITIES: ELECTRICITY

<input type="checkbox"/>	OWNER WILL CONTINUE TO PAY DIRECTLY	<input type="checkbox"/>	TENANTS RESPONSIBILITY/TENANT PAYS
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<input type="checkbox"/>	PREMIER PROPERTY SOLUTIONS WILL PAY ON OWNER'S BEHALF FROM FUNDS IN THE TRUST ACCOUNT.		
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PAYMENT ADDRESS:

PAYMENT AMOUNT	PAYMENT DUE DATE	ACCOUNT NUMBER
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9. UTILITIES: GAS

<input type="checkbox"/>	OWNER WILL CONTINUE TO PAY DIRECTLY	<input type="checkbox"/>	TENANTS RESPONSIBILITY/TENANT PAYS
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<input type="checkbox"/>	PREMIER PROPERTY SOLUTIONS WILL PAY ON OWNER'S BEHALF FROM FUNDS IN THE TRUST ACCOUNT.		
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PAYMENT ADDRESS:

PAYMENT AMOUNT	PAYMENT DUE DATE	ACCOUNT NUMBER
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10. UTILITIES: TRASH OR TRASH BIN RENTAL

<input type="checkbox"/>	OWNER WILL CONTINUE TO PAY DIRECTLY	<input type="checkbox"/>	TENANTS RESPONSIBILITY/TENANT PAYS
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<input type="checkbox"/>	PREMIER PROPERTY SOLUTIONS WILL PAY ON OWNER'S BEHALF FROM FUNDS IN THE TRUST ACCOUNT.		
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PAYMENT ADDRESS:

PAYMENT AMOUNT	PAYMENT DUE DATE	ACCOUNT NUMBER
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11. OTHER:

<input type="checkbox"/>	OWNER WILL CONTINUE TO PAY DIRECTLY	<input type="checkbox"/>	TENANTS RESPONSIBILITY/TENANT PAYS
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<input type="checkbox"/>	HOUSTON MANAGEMENT CO. WILL PAY ON OWNER'S BEHALF FROM FUNDS IN THE TRUST ACCOUNT.		
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PAYMENT ADDRESS:

PAYMENT AMOUNT	PAYMENT DUE DATE	ACCOUNT NUMBER
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RENTAL PROPERTY INFORMATION

RENTAL ADDRESS	CITY	STATE	ZIP CODE
NEAREST CROSS STREETS			
TYPE <input type="checkbox"/> SINGLE FAMILY RESIDENCE <input type="checkbox"/> CONDO <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> OTHER: _____			
IS THIS PROPERTY ATTACHED OR DETACHED? <input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED			
HOW MANY STORIES IS THIS HOME/UNIT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
IS THIS UNIT UPSTAIRS OR DOWNSTAIRS? <input type="checkbox"/> DOWNSTAIRS <input type="checkbox"/> UPSTAIRS			
SQUARE FEET	YEAR BUILT	LOT SIZE	SCHOOL DISTRICT
IS THIS RENTAL LOCATED IN A GATED COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> REMOTE CONTROL <input type="checkbox"/> KEY <input type="checkbox"/> GATE CODE _____	

GARAGE/PARKING INFORMATION

IS THERE A GARAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY STORIES IS THIS HOME/UNIT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
IS THE GARAGE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE THERE ANY REMOTE OPENERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO. HOW MANY? _____	
IS THERE A CARPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE CARPORT COVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THERE RV PARKING? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE ASSIGNED SPACES? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY? _____	ARE THEY COVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDITIONAL PARKING INFORMATION: _____		

ROOMS

BEDROOMS: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	LIVING ROOM? <input type="checkbox"/> YES <input type="checkbox"/> NO	KITCHEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL BATHS: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	FULL BATHS: _____ ¾ BATHS: _____ ½ BATHS: _____ ¼ BATHS: _____	
DINING INFO – CHECK ALL THAT APPLY: <input type="checkbox"/> DINING ROOM <input type="checkbox"/> FORMAL DINING <input type="checkbox"/> EAT IN KITCHEN <input type="checkbox"/> BREAKFAST NOOK <input type="checkbox"/> BAR		
ADDITIONAL ROOMS: <input type="checkbox"/> FAMILY ROOM <input type="checkbox"/> DEN <input type="checkbox"/> BONUS ROOM <input type="checkbox"/> GREAT ROOM <input type="checkbox"/> OFFICE <input type="checkbox"/> LOFT		
CHECK ALL THAT APPLY <input type="checkbox"/> SITTING ROOM <input type="checkbox"/> SUNROOM <input type="checkbox"/> OTHER: _____		

KITCHEN

KITCHEN INFO:	<input type="checkbox"/> REFRIGERATOR <input type="checkbox"/> DISHWASHER <input type="checkbox"/> RANGE OVEN - IS THE RANGE <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC
CHECK ALL THAT APPLY	<input type="checkbox"/> MICROWAVE <input type="checkbox"/> GARBAGE DISPOSAL <input type="checkbox"/> ISLAND <input type="checkbox"/> TRASH COMPACTOR <input type="checkbox"/> GRANITE
WHO IS RESPONSIBLE FOR MAINTAINING THE KITCHEN APPLIANCES? <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	
ADDITIONAL KITCHEN INFORMATION: _____	

OUTDOOR AREAS

PLEASE INDICATE WHICH OUTDOOR AREA(S) THIS PROPERTY HAS: BACKYARD - IS THE BACKYARD FENCED? YES NO

PATIO - IS THE PATIO COVERED? YES NO BALCONY SPRINKLERS – TIMERS? YES NO

AMENITIES

FIREPLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE? <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WOOD BURNING	LOCATION?
WASHER & DRYER HOOK-UPS? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION?	TYPE? <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC
WASHER & DRYER IN UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHO IS RESPONSIBLE FOR MAINTAINING WASHER & DRYER? <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	
IS THERE A COMMUNITY LAUNDRY ROOM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SWIMMING POOL: <input type="checkbox"/> YES <input type="checkbox"/> NO IS THIS A PRIVATE POOL LOCATED AT A SINGLE FAMILY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SPA/JACUZZI: <input type="checkbox"/> YES <input type="checkbox"/> NO IS THIS A PRIVATE SPA LOCATED AT A SINGLE FAMILY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDITIONAL AMENITIES: <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CLUBHOUSE <input type="checkbox"/> FITNESS CENTER <input type="checkbox"/> GYM <input type="checkbox"/> BBQ		
CHECK ALL THAT APPLY <input type="checkbox"/> BUSINESS CENTER <input type="checkbox"/> GOLF COURSE <input type="checkbox"/> PLAYGROUND <input type="checkbox"/> LAKE		

FLOORING

CHECK ALL THAT APPLY:

<input type="checkbox"/> CARPET	LOCATION: _____
<input type="checkbox"/> VINYL	LOCATION: _____
<input type="checkbox"/> WOOD FLOORING	LOCATION: _____
<input type="checkbox"/> PERGO	LOCATION: _____
<input type="checkbox"/> CERAMIC TILE	LOCATION: _____
<input type="checkbox"/> OTHER:	LOCATION: _____

COOLING/HEATING

COOLING CENTRAL AIR CONDITIONING WALL UNIT OTHER: _____

HEATING CENTRAL FORCED AIR OTHER: _____

DOES THE HOME HAVE ANY CEILING FANS? YES NO IF SO, HOW MANY? _____ LOCATIONS: _____

LEASING INFORMATION

IS THE PROPERTY CURRENTLY AVAILABLE FOR LEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LEASE TERMS: <input type="checkbox"/> 12 MTS <input type="checkbox"/> 6 MTS <input type="checkbox"/> MTM ONLY	
WHAT DAY IS THE PROPERTY AVAILABLE FOR SHOWINGS? ____/____/____	WHAT IS THE PROPERTY AVAILABLE FOR MOVE IN? ____/____/____	
MONTHLY RENT: \$ _____	SECURITY DEPOSIT: \$ _____	PET DEPOSIT: \$ _____
ARE PETS ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT TYPE IS ALLOWES? <input type="checkbox"/> CAT <input type="checkbox"/> DOG <input type="checkbox"/>	HOW MANY?
WHAT SIZE DOG IS ALLOWES? <input type="checkbox"/> ANY SIZE <input type="checkbox"/> MEDIUM (20 LBS MAX) <input type="checkbox"/> SMALL (10 LBS MAX)	OUTDOORS ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDITIONAL PET INFORMATION: _____		

Premier Property Solutions

285 Imperial Highway, Suite 204
 Fullerton, CA 92835
 Ph: 714-213-8197

HOME OWNER INSURANCE VERIFICATION FORM

Dear Owner,

It is required of our company that our property owners name Premier Property Solutions as an additional insured party on your Liability Insurance Policy. The required amounts are as follows:

- \$300,000.00 for a Condo or PUD.
- \$500,000.00 for a Single-Family Residence.
- \$1,000,000.00 for a Single-Family Residence with a pool or spa.
- \$2,000,000.00 for a Multi-Family Property.

Please complete this form and return it with the management package.

SUBJECT PROPERTY: _____

OWNER(S):

Print Name	Print Name
Signature	Signature
Date	Date

MY INSURANCE INFORMATION

Name of Insurance Company	Street Address or PO Box
Name of Agent	City, State and Zip
Policy Number	Phone Number
Extent of Liability Insurance	Fax Number