



CLIENT QUESTIONNAIRE – OCCUPIED UNITS

Office Use Only: NEW RENEWAL TRANSFER OLD AGREEMENT # - FOR TRANSFER ONLY _____ PROPERTY NUMBER _____

PARTIES and OWNER INFORMATION	OWNER #1 (or Authorized Representative)		OWNER #2 (or Authorized Representative)		OWNER #3 (or Authorized Representative)	
	MAILING ADDRESS		MAILING ADDRESS		MAILING ADDRESS	
	SS#/EIN#/Business Name	PHONE	SS#/EIN#	PHONE	SS#/EIN#	PHONE
	EMAIL		EMAIL		EMAIL	
	MANAGEMENT COMPANY Class Act Property Management, LLC MAILING ADDRESS 189 Liberty St NE, Suite 307, Salem, OR 97301 OFFICE PHONE 971-599-1440 OFFICE FAX 541-719-1312			LICENSED PROPERTY MANAGER Mark W. Bellamy MANAGER DIRECT LINE 971-599-3204 WEBSITE/PORTAL www.ClassActProperties.com		LICENSE # 201203897 MANAGER EMAIL mark.classact@gmail.com

Thank you for giving Class Act Property Management LLC the opportunity to help you manage your rental property. Now that you have expressed interest in Class Act taking over management, it is important to begin our evaluation by completing this short questionnaire. Class Act has taken on hundreds of tenant-occupied properties over our 15 year history. Some have worked favorably while others have been disasters. We have many war stories to tell and we would like to avoid repeating them. This does not mean that we will shy away from a challenge. We just need to know what we are getting into.

Any additional information you can provide in the boxes on certain questions would be very helpful.

RENTAL PROPERTY	RENTAL PROPERTY ADDRESS (PLEASE FILL OUT ONE QUESTIONNAIRE PER ADDRESS)		
	APPROXIMATE MOVE-IN DATE OF EXISTING TENANT, IF ANY	DID YOU PREVIOUSLY OCCUPY THE PROPERTY YOURSELF?	DID YOU LEASE IT YOURSELF?
	IS THERE ANOTHER PROPERTY MANAGER INVOLVED WITH THIS PROPERTY? IF YES, PROVIDE THE NAME AND NUMBER OF THE PROPERTY MANAGER AND THE MANAGEMENT COMPANY.		
	DID YOU PULL CREDIT BEFORE YOU LEASED?	DID YOU VERIFY EMPLOYMENT AND RESIDENCE HISTORY?	IS THE TENANT A RELATIVE/FRIEND/CO-WORKER?
	IS THE PROPERTY GENERALLY IN GOOD CONDITION?	ARE THERE UNRESOLVED MAINTENANCE REQUESTS FROM THE TENANT?	
	HAVE THERE BEEN ANY MOLD OR MOISTURE ISSUES?	DO YOU KNOW OF ANY STRUCTURAL PROBLEMS?	

TENANT	IS THE TENANT COOPERATIVE/FRIENDLY?	ARE THEY CURRENT ON THEIR RENT?	DO THEY OWE BACK LATE FEES/NSF CHARGES?
	HAS THE TENANT EVER BOUNCED CHECKS?	DID TENANT PUT UP A SECURITY DEPOSIT?	HOW MUCH IS THE DEPOSIT?
	ARE YOU HOLDING THE DEPOSIT?	DID ALL PARTIES SIGN THE LEASE?	WHERE DID YOU GET THE LEASE?

REQUIRED	1. ARE YOU READY TO CUT ALL TIES WITH THE TENANT AND LET US MANAGE IT? (For plans other than Lease Only)
	2. ARE YOU ASKING US TO TAKE OVER MANAGEMENT BECAUSE THE TENANT NEEDS TO BE EVICTED?
	3. PLEASE SEND US A COPY OF THE EXISTING RENTAL AGREEMENT AND MOVE-IN INSPECTION FOR EVALUATION. Email to mark.classact@gmail.com or Fax to 541-719-1312.

By signing below, I (we) certify that I have authority to enter into a legal contract for the referenced property. This document is not a contract.

#1 _____ Date _____ #2 _____ Date _____
 Property Owner or Authorized Representative or Entity