

NHL PROPERTY MANAGEMENT
NEW CLIENT CHECKLIST

PROPERTY ADDRESS _____

Owner Information:

Name(s) _____

Address _____

Telephone Numbers _____

Email Address _____

_____ MANAGEMENT CONTRACT (*attach copy*)

_____ CERTIFICATE OF OCCUPANCY Yes _____ No _____

_____ (*Check here if we are assisting*) \$100 Check Collected _____

_____ LANDLORD INSURANCE CERTIFICATE (*attach copy if possible*)

Tenant Information:

Name and SS # _____

Name and SS # _____

Telephone Number(s) _____

Email Address _____

_____ APPLICATION/FINANCIAL STATEMENT (*attach copy*)

_____ LEASE AGREEMENT (*attach copy*)

_____ LEASE START/END DATE _____

_____ MONTHLY RENT AMOUNT, DUE DATE _____

_____ LATE FEE(S), DUE DATE _____

_____ SECURITY DEPOSIT (*attach copy*) Amount _____ Date Deposited _____

Who is holding the Deposit? NHL Property Management _____ Owner _____

_____ LEAD PAINT FORM (*attach copy*)

_____ INVENTORY CHECKLIST (*attach copy*)

_____ KEYS - 2 Locks changed? Yes _____ No _____

SPECIAL INSTRUCTIONS

REFERRING AGENT INFORMATION (*attach copy of Agent Registration*)

NAME and OFFICE _____

PHONE NUMBER (s) _____

E-MAIL ADDRESS _____

ATTENTION: PLEASE SEND ALL OF THE ABOVE ITEMS TO THE FOLLOWING ADDRESS OR EMAIL:

19785 W 12 Mile Rd PMB 173 Southfield, MI 48076-2584

248-415-5514 phone 248-626-2103 fax

Email address: info@nhlpropertymanagement.com

FOR NHL PROPERTY MANAGEMENT USE

UTILITIES Gas in tenant name, Confirmation # and Date Verified _____

Electric in tenant name, Confirmation # and Date Verified _____

Water Bill Status, Date Verified _____