

PROPERTY MANAGEMENT AUTHORITY

Property Address:

Unit #:

Street #:

Street Name:

Area:

Owner Details:

Owner Name:

Company/Trust name (if applicable):

Owner Street Address:

Owner Email Address:

Owner Phone Number:

Secondary Owner Details (if applicable):

Owner Name:

Company/Trust name (if applicable):

Owner Street Address:

Owner Email Address:

Owner Phone Number:

Insurance:

Is there a fire extinguisher at the property? Yes

☐

No

☐

Excess for tenants: \$

Insurance Company:

Policy number:

Type of Insurance: House / Contents / Other (please specify)

Insurance conditions for the tenanted property:

Frequency of property inspections required by insurer:

Body Corporate [BC] (if applicable):

BC Registered Number:

BC Contact name:

BC Contact email:

BC Contact phone number:

Account Details (if applicable):

BC Contact email:

BC Contact phone number:

Power of Attorney documents supplied (if applicable): Yes

☐

No

☐

Bank Details

Account name:

Bank:

Account number:

Branch:

Emergency Contact:

Name:

Phone Number:

Email Address:

If you cannot be contacted, can this person act on your behalf: Yes

☐

No

☐

General Property Details:

Is the property on the market, or will it be going to the market in the next six months? Yes

☐

No

☐

Have the gas fixtures been used in the last six months (if applicable)? Yes

☐

No

☐

Date last serviced:

Do all external doors and all windows open?

Yes

☐

No

☐

Is the property consented?

Yes

☐

No

☐

Is the property a legal dwelling?

Yes

☐

No

☐

Are there any matters that may adversely affect the management of the property?

Yes

☐

No

☐

If Yes, please provide details:

Are gutters and drains all sealed and in working condition? Yes

☐

No

☐

Date chimney last swept (if applicable):

Date heat pump last serviced (if applicable):

Is the property 'Healthy Homes' compliant? Yes

☐

No

☐

What type of insulation is at the property?

Are gutters and drains all sealed and in working condition? Yes ☐ No ☐

What is the R Value for: Walls Ceiling Underfloor

What type of heating is in the property?

Kilowatt output:

Is the rangehood and the bathroom ventilation flued and rated compliant under the Healthy Homes act?

Yes ☐ No ☐

Please list any repairs needed:

How many bedrooms does the property have:

How many bathrooms does the property have:

How many smoke alarms does the property have:

Location of smoke alarms:

Is there a fire extinguisher at the property? Yes ☐ No ☐

Location of fire extinguisher:

Repairs and Maintenance:

Do you want to be contacted before any repairs are carried out? Yes ☐ No ☐

Authority for managed. to spend up to \$ including GST

Do you have any preferred contractors? Yes ☐ No ☐

If Yes, please provide the contact details to managed.

Who is responsible for arranging maintenance for the lawns and gardens?

Managed ☐ Owned ☐ Tenant ☐

Who is responsible for arranging maintenance and checks for heating, smoke alarms, chimneys?

Managed ☐ Owned ☐ Tenant ☐

Property Management Plan:

Date property will be available:

Agreed weekly management percentage: +GST

Advertising fee: \$: +GST

Advertising fee: \$: +GST

Letting fee: \$: +GST

Routine inspection fee: \$: +GST

Tenancy Tribunal attendance fee: \$: +GST

Estimated weekly rent range: \$ -\$

Signed:

First applicant's signature _____ Date: _____

Second applicant's signature _____ Date: _____

Third applicant's signature _____ Date: _____

Lynn Property Management trading as managed.

Additional Contact Information:

Chelsea Gil

Phone: 027 913 4898

Email: chelsea@managedpm.co.nz