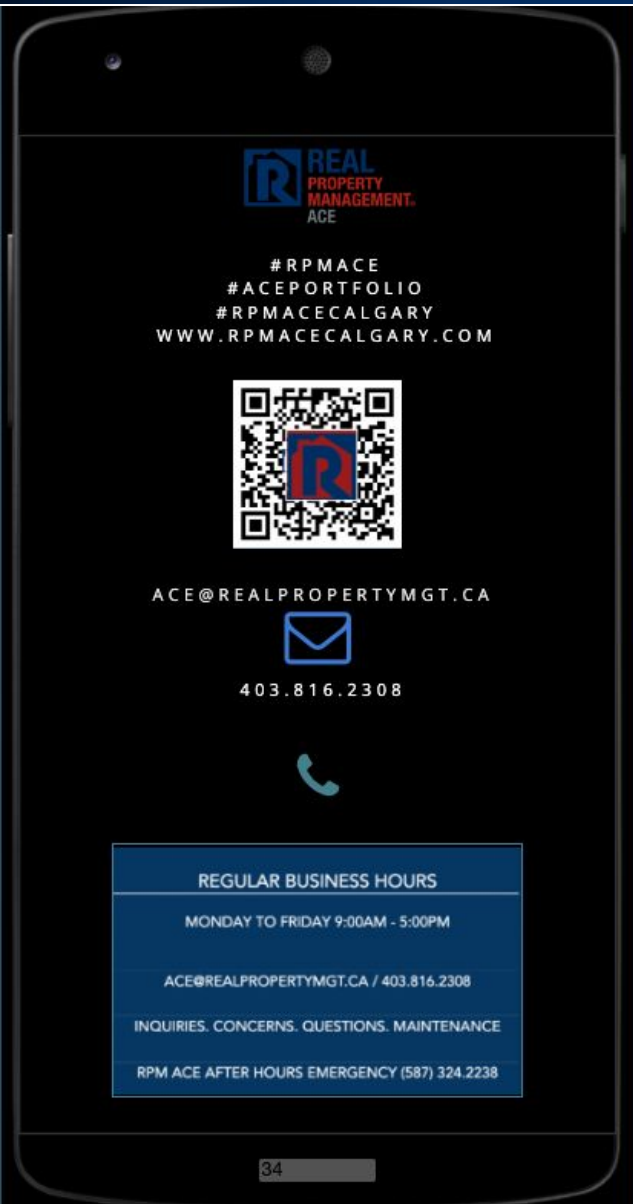




OWNER IS READY

OWNER IS READY

NEW OWNER INTRODUCTION



Date *

Full Name *

Email Address

Number *

Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Canada

WHAT AREA/NEIGHBORHOOD/COMMUNITY *

HOW DID YOU HEAR ABOUT RPM ACE?

Check All That Apply

- WWW/Google Reviews
- Recommended/Referred

Recommended/Referred By:

OTHER:

PROPERTY TYPE *

- CONDO/APARTMENT
- TOWNHOUSE
- DUPLEX
- 4-PLEX
- HOUSE
- BUNGALOW
- BI-LEVEL
- 2 STOREY
- 3 STOREY
- SUITED BASEMENT

RPM ACE PORTFOLIO

OWNER IS READY

REVIEW MANAGEMENT AGREEMENT

QUESTIONS ?

READY ?

ACE@REALPROPERTYMGT.CA

REQUIRED DOCUMENTS
FOR ALL PROPERTIES:

- THREE (3) PROPERTY KEYS
- ALL REMOTES, FOB'S, MAIL KEYS
- PROPERTY INSURANCE POLICY
- PROPERTY TITLE/ PROOF OF OWNERSHIP
- WARRANTIES, FLOOR PLANS (IF AVAILABLE)
- ANY CURRENT CONTRACTS OR MAINTENANCE ITEMS

CONDOMINIUMS

- Condo Bylaws (if applicable)
- Condo Manager information (if applicable)

FURNISHED PROPERTIES

- Inventory list (appliances, serial #, make & model)

TENANT OCCUPIED PROPERTIES

- All leases agreements, move in reports & rental application of current tenant
- Tenant information (name, address, email, phone)
- Tenant up to date rent roll and any payment arrangements if currently exist
- Security Deposit ledger and cheque



WHAT WE NEED TO PROCEED

UNFURNISHED MANAGEMENT AGREEMENT	FURNISHED MANAGEMENT AGREEMENT	LEASE ONLY MANAGEMENT AGREEMENT
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MANAGEMENT AGREEMENT

PROPERTY/OWNER/ CURRENT TENANT INFORMATION FORM

FINTRAC PERSONAL IDENTIFICATION FORMS

PROOF OF OWNERSHIP (ONE OF THE FOLLOWING WITHIN 6 MONTHS)*

➔ PURCHASE CONTRACT

➔ PROPERTY TITLE

➔ PROPERTY TAX BILL

HOMEOWNER INSURANCE POLICY (CURRENT)

PROPERTY / OWNER / CURRENT TENANT INFORMATION		
Date Available: _____ Desired Rent: _____	Owner Contact Information: Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____ Address: _____ City: _____ Postal Code: _____	
Unit Information: Type of Dwelling: <input type="checkbox"/> House (semi or detached) <input type="checkbox"/> Apartment <input type="checkbox"/> Townhome Number of units: _____ Type of Ownership: <input type="checkbox"/> Condo <input type="checkbox"/> Strata <input type="checkbox"/> Freehold Year Built: _____ Square Footage: _____ Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	Locker: Locker #: _____ Level: _____ Mailbox: Number: _____ Keys required: <input type="checkbox"/> Yes <input type="checkbox"/> No Outstanding Maintenance Items: _____ _____ _____	Tenant Information: Name: _____ Name: _____ Monthly Rent: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____ Email: _____ Security Deposit / LMR <input type="checkbox"/> Yes <input type="checkbox"/> No Deposit Amount: _____ Lease Start Date: _____ Last Rent Increase: _____ Date of Deposit Transfer to RPM: _____ _____ Any tenant side deals? _____
Unit Particulars: Unit #: _____ Bedrooms: _____ Bathrooms: _____ Heating / Air: <input type="checkbox"/> Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Baseboard Heating Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No Parking: <input type="checkbox"/> Garage <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground <input type="checkbox"/> Carport Number of Spaces: _____ Space #: _____ Level: _____	Utilities Information: Electric <input type="checkbox"/> Tenant <input type="checkbox"/> Owner Provider: _____ Account #: _____ Gas: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner Provider: _____ Account #: _____ Water: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner Provider: _____ Account #: _____ Are any utilities to be split between multiple units? <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water	_____ _____ _____
Strata or Condominium Management Contact Information: _____ _____ Have you provide us with condo/strata bylaws & forms? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about us? <input type="checkbox"/> Online <input type="checkbox"/> Other: _____



ACCOUNTABLE. COMMITTED. EXPERIENCED.

REQUIRED DOCUMENTS

PERSONAL
IDENTIFICATION
FINTRAC FORMS

PROOF OF OWNERSHIP
PURCHASE CONTRACT /
PROPERTY TITLE /
PROPERTY TAX BILL

HOMEOWNERS
INSURANCE POLICY
(MUST BE WITHIN 6
MONTHS)

FOR ALL PROPERTIES:

- Three (3) property keys – all remotes, FOB's, mail keys
- Any warranties
- Property Insurance Policy
- Property Title/ Proof of Ownership
- Condo/Stata Bylaws (if applicable)
- Condo/Strata Manager information (if applicable)
- Inventory list (appliances, serial #, make & model)
- Floor plans (if available)
- Any current contracts or maintenance items we should be aware of

FOR ALL TENANT OCCUPIED PROPERTIES

- All leases agreements, move in reports & rental application of current tenant
- Tenant information (name, address, email, phone)
- Tenant up to date rent roll and any payment arrangements if currently exist
- Security Deposit ledger and cheque

CONDOS:

CONDO
MANAGEMENT

COMPANY	CONTACT	COPY OF BYLAWS
PARKING STALL #	STORAGE LOCKER #	NOTES

TENANT OCCUPIED PROPERTIES

- All leases agreements, move in reports & rental application of current tenant
- Tenant information (name, address, email, phone)
- Tenant up to date rent roll and any payment arrangements if currently exist
- Security Deposit ledger and cheque



REAL PROPERTY MANAGEMENT ACE
403.816.2308 ace@realpropertymgt.ca www.rpmace.ca

Broker: Real Property Management ACE | Independently Owned & Operated Brokerage & Franchise | Calgary AB

PROPERTY / OWNER / CURRENT TENANT INFORMATION

Date Available: _____ Desired Rent: _____

Unit Information:

Type of Dwelling:

- House (semi or detached)
 Apartment Townhome

Number of units: _____

Type of Ownership:

- Condo Strata Freehold

Year Built: _____

Square Footage: _____

Pets: Yes No

Note: _____

Unit Particulars:

Unit #: _____

Bedrooms: _____

Bathrooms: _____

Heating / Air:

- Forced Air Radiant Baseboard

Heating Type: Gas Electric

Air Conditioning: Yes No

Parking:

- Garage Outdoor
 Underground Carport

Number of Spaces: _____

Space #: _____ Level: _____

Locker:

Locker #: _____ Level: _____

Mailbox:

Number: _____

Keys required: Yes No

Outstanding Maintenance Items:

Utilities Information:

Electric Tenant Owner

Provider: _____

Account #: _____

Gas: Tenant Owner

Provider: _____

Account #: _____

Water: Tenant Owner

Provider: _____

Account #: _____

Are any utilities to be split between multiple units?

- Electric Gas Water

Owner Contact Information:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Address: _____

City: _____

Postal Code: _____

Tenant Information:

Name: _____

Name: _____

Monthly Rent: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Security Deposit / LMR Yes No

Deposit Amount: _____

Lease Start Date: _____

Last Rent Increase: _____

Date of Deposit Transfer to RPM: _____

Any tenant side deals? _____
