

New Property Information Sheet (NPIS)

Property Address	City/State	Zip	County	
Square Footage	Acreage	Year Built	# of Stories	Subdivision
<input type="checkbox"/> Home	<input type="checkbox"/> Townhome	<input type="checkbox"/> Condo	<input type="checkbox"/> Duplex	<input type="checkbox"/> TI Other

Bedrooms/Bathrooms: (Reference the number of rooms and locations in all boxes that apply)

<input type="checkbox"/> Bedroom(s) Lower	<input type="checkbox"/> Bedroom(s) Main	<input type="checkbox"/> Bedroom(s) Upper	Total = _____
<input type="checkbox"/> Full Bath(s) Lower	<input type="checkbox"/> Full Bath(s) Main	<input type="checkbox"/> Full Bath(s) Upper	Total = _____
<input type="checkbox"/> Half Bath(s) Lower	<input type="checkbox"/> Half Bath(s) Main	<input type="checkbox"/> Half Bath(s) Upper	Total = _____

Rental Rate \$ _____ (low) - \$ _____ (high)

Appliances and items left in the property for tenant use: (Check all that apply and circle as needed)

<input type="checkbox"/> All Stainless-Steel	<input type="checkbox"/> Stove/Oven Electric or Gas?	<input type="checkbox"/> Built in Microwave
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Washer/Dryer Electric or Gas?	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Vent Hood	<input type="checkbox"/> Ice Maker
<input type="checkbox"/> Wine/Drink Cooler Range	<input type="checkbox"/> Built-In or Free-Standing?	<input type="checkbox"/> Amenities Pass# _____
<input type="checkbox"/> Keys# _____	<input type="checkbox"/> Garage Remotes# _____	

Construction: (check all that apply)

<input type="checkbox"/> Vinyl	<input type="checkbox"/> Stucco	<input type="checkbox"/> Hardi-Plank
<input type="checkbox"/> Brick (___ Sides)	<input type="checkbox"/> Wood	<input type="checkbox"/> Other _____

Lot Description: (check all that apply)

<input type="checkbox"/> Level Yard	<input type="checkbox"/> Sloping Yard	<input type="checkbox"/> Corner Lot
<input type="checkbox"/> Private Backyard	<input type="checkbox"/> Cul-de-sac	<input type="checkbox"/> Wooded
<input type="checkbox"/> Lake View	<input type="checkbox"/> Golf Course view	

Exterior: (check all that apply)

<input type="checkbox"/> Deck/Patio	<input type="checkbox"/> Screened in Porch	<input type="checkbox"/> Fenced Yard
<input type="checkbox"/> Pool		

Circle One: Privacy / Chain Link

Neighborhood amenities: (check all that apply: If no HOA, leave blank)

Please provide our office with a copy of the Covenants, Bylaws, etc.

- Yes - Neighborhood HOA, Phone #: _____
- | | |
|--|--|
| <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Gated Community |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Lawn Care Included |
| <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Water Included |
| <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Sewer Included |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Trash Pick-up Provided by HOA |
| <input type="checkbox"/> Lake | <input type="checkbox"/> Recycle Pick-up Provided by HOA |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Other: _____ |

Trash Service (select all that apply):

- Trash is provided by HOA
- Trash is mandatory by the City (City of South Fulton or City of Newnan) and is paid directly by the owner

If applicable, please specify the trash provider: _____

Note: For city-mandated trash service, owners are responsible for paying this bill during the lease term. Gatekeeper will bill the tenant monthly and advertise trash service as \$x/month in addition to rent.

Parking: (check all that apply)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> 2-Car Garage (detached) | <input type="checkbox"/> 1-Car Garage (attached) | <input type="checkbox"/> Carport |
| <input type="checkbox"/> 2-Car Garage (attached) | <input type="checkbox"/> 1-Car Garage (detached) | <input type="checkbox"/> Other _____ |

Basement: (check all that apply)

- | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Crawlspace | <input type="checkbox"/> Finished | <input type="checkbox"/> Unfinished | <input type="checkbox"/> None |
| <input type="checkbox"/> Slab | <input type="checkbox"/> Partial | <input type="checkbox"/> Full | |

Interior: (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Breakfast Bar | <input type="checkbox"/> Eat-in Kitchen | <input type="checkbox"/> Pantry |
| <input type="checkbox"/> Security System | <input type="checkbox"/> Island | <input type="checkbox"/> Solid Surface Counters |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Family Room | <input type="checkbox"/> Master on Main |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Office | <input type="checkbox"/> Bonus Room/Rec Room |
| <input type="checkbox"/> Book Cases | <input type="checkbox"/> Foyer Entrance | <input type="checkbox"/> Recently Renovated |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Walk-in Closet | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Loft | <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Hardwood Floors |
| <input type="checkbox"/> Vaulted Ceilings | <input type="checkbox"/> Laundry Closet | <input type="checkbox"/> Whirlpool Baths |
| <input type="checkbox"/> Garden Tub | <input type="checkbox"/> Double Vanity | <input type="checkbox"/> Tile Floors |
| <input type="checkbox"/> Tile Bath | <input type="checkbox"/> Separate Shower | <input type="checkbox"/> Cable TV Connections |
| <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Attic | <input type="checkbox"/> Furnished |
| <input type="checkbox"/> Trey Ceilings | <input type="checkbox"/> Sunroom | <input type="checkbox"/> Alarm(s), Code(s) _____ |

Maintenance / Warranty information:

(Please **provide company name, contact information, contract number, billing zip, and policy expiration date** for all that apply)

Home Warranty: _____

Termite Bond: _____

HVAC Service: _____

Codes (garage door, pool, etc): _____

Current Tenant Information:

Name: _____

Rental Rate: \$ _____

Cell/Phone #: _____

E-mail: _____

Lease Term: ____ / ____ / 20 ____ to ____ / ____ / 20 ____

Availability Date: _____

Special Showing Instructions: _____

Current Utility Companies

(Check all that are currently active, and note which Provider is used – Do Not Shut Off)

Please leave all utilities active until a Tenant is procured. If you have any questions, feel free to contact our office for clarification.

- Water Provider: _____
- Gas Provider: _____
- Electric Provider: _____
- Sewer Provider: _____
- Trash Service: _____
- Internet Provider: _____
- Cable/TV Provider: _____
- Security System: _____
- Lawn Care Service: _____
- Pest Control: _____
- Propane Provider: _____
- HOA/Community Services: _____

Additional Information Not Mentioned Elsewhere Herein

How did you hear about us? _____

Office use only:

- Lock Box Code: _____
- Key in Lock Box
- Sign
- Pictures

Marketing Description
