



**LIVING ROOM**  
PROPERTY MANAGEMENT

## Owner Information Form (OIF)

Full Management Service

Tenant Placement Only

### Rental Property Address:

Street City State Zip Unit(s)

### Owner 1:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Tax ID/ Soc Sec \_\_\_\_\_

US Mailing Address  
(not the rental  
property) \_\_\_\_\_

### Owner 2:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Tax ID/ Soc Sec \_\_\_\_\_

US Mailing Address  
(not the rental  
property) \_\_\_\_\_

### TRUST/LLC

\* The account can be listed as an LLC or Trust if the title and insurance policies are also set up in the LLC/Trust and EIN is provided.

Name \_\_\_\_\_

Authorized Signing  
Agent \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Tax ID/ EIN \_\_\_\_\_

US Mailing Address  
(not the rental  
property) \_\_\_\_\_

### Checking Account Information for Rent Deposits:

Routing #: \_\_\_\_\_ Account # \_\_\_\_\_

**Owner Cash Distributions:**

- Upon Owner Request (funds held)       Monthly (processed on or around the 15th)       Funds processed within 10 days of tenant's move in (Tenant Placement Clients Only)

**Communication Preferences for Staff.** ie. preferred contact method, if located out of the country, any limited access to internet or phones, power of attorney and others authorized to make decisions or receive informaion on behalf of the ower.

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**Communication Preferences for Tenants** (Tenant Placement Clients only): Your name, email, phone and mailing address provided above will be shared with your new tenant unless you specify otherwise:

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**Emergency Contact:**

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Name	Phone	Email	Address
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**Homeowner's Insurance** - Full service clients must provide a copy of the policy listing Living Room as Additionally Insured

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Company	Policy #
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Agent	Phone Number	Email address
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