



# PROFESSIONAL PROPERTY MANAGEMENT OF NORTHERN VIRGINIA, INC.

(703) 642-3010  
FAX (703) 642-3619  
ppm@ppmnva.com  
www.ppmnva.com

CURRENT		
H: _____	W: _____	EMAIL: _____
VACATING: _____		AVAILABLE: _____

5105-K Backlick Road  
Annandale, Virginia 22003

## MANAGEMENT INFORMATION RECORD

(Please complete this form as fully and accurately as possible)

Date: \_\_\_\_\_

NAME: Mr. \_\_\_\_\_ Mrs./Ms. \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ DOB \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB \_\_\_\_\_  
 Rental Property Address: \_\_\_\_\_

Forwarding Address of Owner: \_\_\_\_\_ Phone: H: \_\_\_\_\_  
 \_\_\_\_\_ W: \_\_\_\_\_  
 \_\_\_\_\_ C: \_\_\_\_\_  
 \_\_\_\_\_ FAX: \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 \_\_\_\_\_ Time Difference: \_\_\_\_\_

Contact for Emergency: \_\_\_\_\_ Phone: H: \_\_\_\_\_  
 \_\_\_\_\_ W: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Professional Property Management adheres to the FAIR HOUSING LAW which states in part: "It is a violation of the Fair Housing Law...for any person to:

1. **Deny housing accommodations to any person because of race, color, religion, ancestry, national origin, sex, marital status, age, familial status, children, elderliness, sexual orientation, or handicap.**
2. **Discriminate against any person based on the above noted classes with respect to the terms, conditions, or privileges of housing accommodations or in the furnishing of facilities or services in connections herewith.**

In view of the above, we cannot accept property for management which does not conform to the provisions of the law.

- A. Term available: Maximum month/years: \_\_\_\_\_ Minimum month/years: \_\_\_\_\_  
 B. Reverse Diplomatic/Military Clause Required (60 Day Notice by first of the month):  Yes  No Approximate return date: \_\_\_\_\_  
 C. Will you accept fur-bearing pets?  No  OWC Minimum pet deposit: \_\_\_\_\_ Restrictions \_\_\_\_\_

**3. DISBURSEMENT OF FUNDS**

- A. Property Taxes: \_\_\_\_\_ PPM to pay?  Yes  No  
 B. Insurance: \_\_\_\_\_ PPM to pay?  Yes  No  
 C. Deposit rent balances in bank (PLEASE ATTACH VOIDED CHECK):  Yes  No

**4. INSURANCE COVERAGE:** (Homeowner's Policy must be converted or amended to a Landlord/Tenant policy).  
**Please have company forward a copy of the policy to PPM.**

Fire, Liability and Comprehensive: Name: \_\_\_\_\_ Agent: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

**5. HOMEOWNER OR CONDO ASSOCIATION:** (Please leave a copy of your HOA/Condo rules in property).

PPM to pay:  Yes  No  Monthly  Quarterly  Yearly Move-In/Out Fee \$ \_\_\_\_\_  
 A. Name of HOA/Condo: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Begin: \_\_\_\_\_  
 Parking Space #: \_\_\_\_\_ How Many? \_\_\_\_\_ Mailbox #: \_\_\_\_\_ Storage Bin #: \_\_\_\_\_

**If unit is in a condominium- Pet restrictions:**

Building Entry: Key \_\_\_\_\_ Code \_\_\_\_\_ Swipe Card \_\_\_\_\_ Garage Opener \_\_\_\_\_

**B. NAME OF CLUSTER OR ASSOCIATION:**

PPM to pay:  Yes  No  Monthly  Quarterly  Yearly  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Begin: \_\_\_\_\_

