

# PROPERTIES PLUS, LLC

6343 W. 120<sup>th</sup> Ave., Broomfield, CO 80020 | p. 303-327-6583 | www.propertiespluscolorado.com

## OWNER'S PROPERTY DISCLOSURE (Residential Leasing)

THIS DISCLOSURE SHOULD BE COMPLETED BY PROPERTY OWNER, NOT BY BROKER.

Property Owner states that the information contained in this Disclosure is correct to the best of Property Owner's **CURRENT ACTUAL KNOWLEDGE** as of this Date. Any changes will be disclosed by Property Owner to Broker promptly after discovery. If the Property is part of a Common Interest Community, this Disclosure is limited to the Property or Unit itself, except as stated in Section B.

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

Property Address: \_\_\_\_\_

Current Occupants:  Vacant  Owner Occupied  Tenant Occupied (please include info below)

Tenant Contact (if applicable): \_\_\_\_\_

Date Available for Rent: \_\_\_\_\_

### A. OWNER CONTACT INFORMATION

**PRIMARY CONTACT:** (Rent Checks/W-9 Remitted to Primary Contact)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECONDARY CONTACT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_

### B. HOA CONTACT INFORMATION / INSURANCE

Is the property subject to HOA covenants or regulations?  Yes  No (If yes, Owner may be asked to provide a copy of rules)

HOA Contact Name/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Community Amenities:  Community Pool  Fitness Center  Clubhouse  Golf Course  \_\_\_\_\_  
(other)

Homeowner's Insurance Agent Name/Phone: \_\_\_\_\_

### C. PROPOSED LEASE TERMS AND CONDITIONS

Rent: \$ \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_ Pet Deposit Amount (per pet): \$ \_\_\_\_\_

Pet Policy (check one):  Pets Negotiable  No Pets (NOTE: 62% of all tenants in Colorado are pet owners)

Lease Length: \_\_\_\_\_

### D. PROPERTY OVERVIEW

Property Type (check one):  Detached Single Family Home  Multi-Level Townhome  Single-Level Condo

Neighborhood/Subdivision: \_\_\_\_\_ School District: \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_ Finished Sq Ft: \_\_\_\_\_ Unfinished Sq Ft: \_\_\_\_\_

Basement (Check One):  Fully Finished  Partially Finished  Unfinished  No Basement

Parking (Enter Number of Spots that Apply):

\_\_\_\_\_ Attached Garage \_\_\_\_\_ Detached Garage \_\_\_\_\_ Covered Spot \_\_\_\_\_ Assigned Spot \_\_\_\_\_ Off-Street

Mailbox Number: \_\_\_\_\_ Mailbox Location: \_\_\_\_\_

### E. APPLIANCE INCLUSIONS

Please indicate which of the following appliances are provided at the property IN WORKING CONDITION:

	Yes	No	Purchase Month/Year	Warranty Information / Comments
Range/Oven	X			
Refrigerator	X			
Clothes Washer				
Clothes Dryer (circle type)				Gas / Electric
Dishwasher				
Microwave				
Sink Disposal				
Chest Freezer				
2nd Refrigerator				

## F. HEATING & COOLING

**Heating System:**  Forced Air Gas  Baseboard Electric  Boiler/Radiator  \_\_\_\_\_  
(other)

**Fireplace:**  Gas Fireplace (fully functional)  Wood-Burning Fireplace/Stove (fully functional)  Non-Operational Fireplace  None

NOTE: By indicating the inclusion of a fully functional fireplace, Owner agrees to provide and maintain in a working condition

**Water Heating System:**  Gas Water Tank  Electric Water Tank  Tankless System Purchase Date: \_\_\_\_\_  
(approx month/year)

**Cooling System:**  None  Central Air Conditioning  Evaporative (Swamp) Cooler  Window Unit in: \_\_\_\_\_

NOTE: By indicating the inclusion of a cooling system, Owner agrees to provide and maintain in a working condition

**If applicable, please indicate who you would like to perform winterization of your Evaporative (Swamp) Cooler:**

Properties Plus Maintenance  Other Vendor (name/phone): \_\_\_\_\_

## G. PROPERTY AMENITIES

### INTERIOR:

Hardwood Flooring  Laminate Flooring  Wall-to-Wall Carpeting  Radiant Floor Heating

Kitchen Island  Granite Kitchen Countertops  Upgraded Kitchen Cabinets  Upgraded Kitchen Appliances

### EXTERIOR:

Fenced Yard  Grass Lawn  Xeriscaped Yard  Patio  Balcony  Tool Shed/Outbuilding

### POOL / HOT TUB:

Hot Tub (fully functional)  Non-Operational Hot Tub  In-Ground Pool (fully functional)  Above-Ground Pool (fully functional)

NOTE: By indicating the inclusion of a fully functional pool or hot tub, Owner agrees to provide and maintain in a working condition

**Pool/Hot Tub Service Vendor (name/phone):** \_\_\_\_\_

## H. LAWCARE & SPRINKLER SYSTEM

**Exterior Lawn Care Provided By:**  Tenant  Vendor who is paid by owner  Combination (please specify below)

**NOTES:** \_\_\_\_\_

**Fully Functional Automatic Sprinkler System Provided:**  Yes  No

**If applicable, please indicate who you would like to perform winterization of your Automatic Sprinkler System:**

Properties Plus Maintenance  Other Vendor (name/phone): \_\_\_\_\_

**Lawn Tools Provided:** \_\_\_\_\_

## I. UTILITIES

Indicate which party is responsible for payment and the service provider for the following utilities:

Gas:  Tenant  Owner      Provider: \_\_\_\_\_

Electric:  Tenant  Owner      Provider: \_\_\_\_\_

Water/Sewer:  Tenant  Owner      Provider: \_\_\_\_\_

Trash:  Tenant  Owner      Provider: \_\_\_\_\_

Recycling:  Yes  No      NOTES: \_\_\_\_\_

## J. ADDITIONAL INCLUSIONS

Please list all items that are to remain at the property during the lease term:

NOTE: Properties Plus does NOT lease furnished properties and highly recommends owners remove all personal possessions.

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## K. BREAKER BOX & SHUT-OFF LOCATIONS

Water Main Shut-Off Location: \_\_\_\_\_

Gas Main Shut-Off Location: \_\_\_\_\_

Breaker Box Location: \_\_\_\_\_

## L. ACCESS CODES

Overhead Garage Door Code: \_\_\_\_\_

Building/Community Access Code: \_\_\_\_\_

Security Alarm Code: \_\_\_\_\_

Other Access Code: \_\_\_\_\_      For: \_\_\_\_\_

## M. SAFETY

Please confirm the following safety measures are in place by checking each of the following boxes:

Functioning locks on all exterior doors

Functioning Smoke Detectors on all levels

Functioning Carbon Monoxide Detectors installed within 15 ft of all bedrooms

Handrails installed on all stairways

**N. KEY INVENTORY**

**Please indicate the number of keys to be provided to Properties Plus by the Owner:**

**Unit/Front Door Keys:** \_\_\_\_\_ **NOTES:** \_\_\_\_\_

**Multi-Unit Building/Exterior Door Keys:** \_\_\_\_\_ **NOTES:** \_\_\_\_\_

**Back/Side Door Keys:** \_\_\_\_\_ **NOTES:** \_\_\_\_\_

**Garage Side Door Keys:** \_\_\_\_\_ **NOTES:** \_\_\_\_\_

**Garage Overhead Remote:** \_\_\_\_\_ **NOTES:** \_\_\_\_\_

**Community Gate Key or Remote:** \_\_\_\_\_ **NOTES:** \_\_\_\_\_

**HOA/Pool/Clubhouse Key or Fob:** \_\_\_\_\_ **NOTES:** \_\_\_\_\_

**Mail Key:** \_\_\_\_\_ **NOTES:** \_\_\_\_\_

**Other ( \_\_\_\_\_ ): \_\_\_\_\_ **NOTES:** \_\_\_\_\_**

**N. DEFERRED MAINTENANCE**

**Please list any known existing maintenance issues at the property:**

NOTE: Failure to disclose a known maintenance defect could result in legal liability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

The information contained in this disclosure has been furnished by the Owner, who certifies to the truth thereof based on Owner's CURRENT ACTUAL KNOWLEDGE.

\_\_\_\_\_  
**PRIMARY CONTACT SIGNATURE**

\_\_\_\_\_  
**SECONDARY CONTACT SIGNATURE**

\_\_\_\_\_  
**Primary Contact Printed Name**

\_\_\_\_\_  
**Secondary Contact Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

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## Lead-Based Paint Disclosure (Rentals)

Attachment to Residential Lease or Rental Agreement for the Property known as:

Street Address

City

State

Zip

**WARNING! LEAD FROM PAINT, DUST, AND SOIL CAN BE DANGEROUS IF NOT MANAGED PROPERLY**  
Penalties for failure to comply with Federal Lead-Based Paint Disclosure Laws include treble (3 times) damages, attorney fees, costs, and a penalty up to \$10,000 (plus adjustment for inflation) for each violation.

### Disclosure for Target Housing Rentals and Leases

#### Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

#### Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

#### Landlord's Disclosure to Tenant and Real Estate Licensee(s)

(a) Landlord acknowledges that Landlord has been informed of Landlord's obligations. Landlord is aware that Landlord must retain a copy of this disclosure for not less than three years from the commencement of the leasing period.

(b) Presence of lead-based paint and/or lead-based paint hazards (check one box below):

- Landlord has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.
- Landlord has knowledge of lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(c) Records and reports available to Landlord (check one box below):

- Landlord has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.
- Landlord has provided Tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

#### Tenant's Acknowledgment

(d) Tenant has read the Lead Warning Statement above and understands its contents.

(e) Tenant has received copies of all information, including any records and reports listed by Landlord above.

(f) Tenant has received the pamphlet "Protect Your Family From Lead in Your Home".

#### Real Estate Licensee's Acknowledgment

Each real estate licensee signing below acknowledges receipt of the above Landlord's Disclosure, has informed Landlord of Landlord's obligations and is aware of licensee's responsibility to ensure compliance.

#### Certification of Accuracy

I certify that the statements I have made are accurate to the best of my knowledge.

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Real Estate Licensee (Listing)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Real Estate Licensee (Leasing)

\_\_\_\_\_  
Date

# PROPERTIES PLUS, LLC

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## **DIRECT DEPOSIT PROGRAM**

*Properties Plus will deposit your monthly net rent check directly to your account  
and we'll e-mail your Owner's Statement!*

**Bank and Branch:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Type of Account:** \_\_\_\_\_

**Mailing Address on Account:**

\_\_\_\_\_  
\_\_\_\_\_

Properties Plus, LLC charges a fee of \$5.00 per month for this service. By signing below, you authorize Properties Plus to deposit your net rent check directly into your account and agree to an additional \$5.00 per month deducted from your net rent check through the term of the contract. This deduction will be reflected on your Owner's Statement. You may cancel this service at any time.

\_\_\_\_\_  
*Property Owner*

\_\_\_\_\_  
*Date*