

# WORTH ROSS MANAGEMENT COMPANY

4145 Travis Street, Suite 204 • Dallas, Texas 75204

telephone: 214-522-9100 • facsimile 214-528-6889

## PROPERTY INFORMATION / CHECKLIST

**Owner:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**APPLIANCES** \_\_\_\_\_ **Warranty?** \_\_\_\_\_

Stove/Range \_\_\_gas\_\_\_elec. \_\_\_\_\_

Refrigerator \_\_\_\_\_

Dishwasher \_\_\_\_\_

Microwave \_\_\_\_\_

Washer \_\_\_\_\_

Dryer \_\_\_gas\_\_\_elec. \_\_\_\_\_

Hot Water Heater \_\_\_gas\_\_\_elec. \_\_\_\_\_

Other \_\_\_\_\_

**HOME WARRANTY INFORMATION**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

Policy #: \_\_\_\_\_

Age of Home: \_\_\_\_\_ Style: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Basement: \_\_\_\_\_

Fireplace: \_\_\_gas\_\_\_wood\_\_\_elec. \_\_\_\_\_

Fence: \_\_\_wood\_\_\_other \_\_\_backyard only

Mailbox: \_\_\_key?\_\_\_other: \_\_\_\_\_

Garage: \_\_\_attached\_\_\_detached

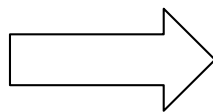
Remote Opener: \_\_\_warranty? \_\_\_\_\_

Security Alarm Company \_\_\_\_\_

Phone# \_\_\_\_\_

Please forward a Bank Deposit Slip, **with the mailing address of the bank included**, to Worth Ross & Associates, so monthly payments may be deposited directly into your account. (All checks are issued on the 10<sup>th</sup> of each month)

Change the ***billing address*** for all utilities (electric, gas, etc.) to our address (effective the date you vacate the property):



***YOUR NAME***  
c/o Worth Ross Management Co., Inc.  
4145 Travis St., Suite 204  
Dallas, Texas 75204

\*Landscape Service: name: \_\_\_\_\_

telephone: \_\_\_\_\_ contact person: \_\_\_\_\_

Do you currently use this service? Yes / No \_\_\_\_\_

\*Pool Service : name: \_\_\_\_\_

telephone: \_\_\_\_\_ contact person: \_\_\_\_\_

Do you currently use this service? Yes / No \_\_\_\_\_

\*Plumber: name: \_\_\_\_\_

telephone: \_\_\_\_\_ contact person: \_\_\_\_\_

Do you currently use this service? Yes / No \_\_\_\_\_

\*HVAC Service: name: \_\_\_\_\_

Heat \_\_\_Gas\_\_\_Elec. \_\_\_Age  
A/C \_\_\_Yes\_\_\_No \_\_\_Age

telephone: \_\_\_\_\_ contact person: \_\_\_\_\_

Do you currently use this service? Yes / No \_\_\_\_\_

\*Carpenter/Handyman: name: \_\_\_\_\_

telephone: \_\_\_\_\_

\*If you do not employ a service, you may, at your option, want to suggest someone in your area you are comfortable with.

**Additional Information (use back if necessary)** \_\_\_\_\_

\_\_\_\_\_

Please sign this form, return a copy to our office.

\_\_\_\_\_  
Owner Signature