

The owner instruction form is in addition to the Management Authority. The information you provide allows Property Initiatives to provide a management services tailored to your specific requirements.

## 1 Investment Property Details

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> House     | <input type="checkbox"/> Balcony   |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Courtyard |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Backyard  |
|                                    | <input type="checkbox"/> Garage    |

\_\_\_\_ Num Bedrooms      \_\_\_\_ Num Bathrooms

- Air Conditioning
- Heating - Type: \_\_\_\_\_

Parking:

- Off Street       On Street

Tenanted:

- Yes       No

Currently rented for: \_\_\_\_\_

Preferred Rent Amount: \_\_\_\_\_

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

Transferring from another agent:

- Yes       No

Agency: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

## 2 General Information / Instructions related to the property

Property Initiatives have permission to sign the Residential Tenancy Agreement as Agent for the Landlord. This is our recommendation.

- Yes       No

Do you want to allow pets?

- Yes       No

Details of what is acceptable:

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

What makes your property unique?:

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

Do you have any instructions for Property Initiatives agent's relating to the property management of your property?

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

Do you have any instructions or advice for future tenants?

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

### 3 Owner Details

#### Owner 1:

Ms / Mrs / Mr / Other: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Interpreter required?  Yes  No

Preferred Language: \_\_\_\_\_

#### Owner 2:

Ms / Mrs / Mr / Other: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Interpreter required?  Yes  No

Preferred Language: \_\_\_\_\_

If the property is owned by a trust or company, please provide details

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

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

ACN: \_\_\_\_\_

**NOTE:** Please attach a copy of a document verifying proof of ownership.  
For example – a rates notice, a copy of title or mortgage documents.

### 4 Emergency Contact

Ms / Mrs / Mr / Other: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Interpreter required?  Yes  No

Preferred Language: \_\_\_\_\_

### 5 Financial Institution Details

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

BSB: \_\_\_\_\_

Bank: \_\_\_\_\_

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

## 6 Repairs

Please select option 1 or 2

1

Contact me/us about all maintenance (other than emergency maintenance that occurs after hours) first and if you cannot get contact me/us or the nominated emergency contact I/we agree that you are authorised to attend to emergency repairs at your discretion and non-emergency repairs if an answer cannot be obtained within a reasonable time frame.

2

Property Initiatives have the authority to spend the following on general repairs without referring to me/us (over and above the warranty)

\$200

\$400

\$600

Authority to spend up to \$1800 for URGENT Repairs as per Residential Tenancies Act 1997.

Under the RTA your tenant has the authority to spend up to \$1800 in the case of urgent repairs. We request you also allow us this right, to ensure that reputable and insured trades people are used on your investment.

## 7 Additional Payments

Please make the following payments on my behalf

(note that rental funds may be held over if required to make payments)

1. Council Rates paid in quarterly installments.

Yes  No

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

2. Water Rates

Yes  No

3. Owners Corporation Charges and Levies.

Yes  No

4. Building / Landlord Insurance

Copy of account/policy to be provided

Yes  No

5. Land Tax

Yes  No

6. Smoke Alarms (annual audit)

Yes  No

## 8 Insurance Cover

We recommend you arrange landlord insurance for your property that covers you for damage, default of rent, and theft by tenants etc.

Yes I have attached a copy of my current landlord insurance policy.

Please organise a Landlord Insurance quote for me.

## 9 Tax Depreciation Schedule

Do you have a tax depreciation schedule and are claiming depreciation?

Yes  No

Would you like more information about this?

Yes  No

## 10 Smoke Detector Maintenance Information

Property Initiatives offer a Smoke Alarm Maintenance program. The maintenance service ensures both your investment and your tenants are appropriately protected in the event of fire at your investment property, we request your complete authority indicating either way your preference to be included in the program. We remind you that as per the Victorian Building Authority, the responsibility of the smoke alarms remains with the landlord.

Yes – Please include the property address listed above in the annual smoke alarm program.

No – Do not include the property address listed above in the annual smoke alarm maintenance program.

I / WE acknowledge as the landlord will take full responsibility for the annual maintenance of the smoke alarms within this property.

## 11 Owners Corporation Consent (if applicable)

I give consent to Property Initiatives to contact my Owners Corporation on my behalf and share information only as required to resolve a building issue.

Yes  No

NOTE: Property Initiatives can represent on your behalf as Owners Corporation Meetings. Would you like more information about this service?

Yes  No

Owners Corporation Company:

\_\_\_\_\_

Manager: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 12 Declaration

I / we understand that the information I / we have provided on this instruction form will be used to determine the best service delivery in property management by Property Initiatives Real Estate staff.

I / we declare that all the information I have provided in this application is true and correct and understand that I/we can update my preferences at any time by contacting a Property Initiatives staff member.

Owner's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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