

Rental Property Questionnaire



CLIENT NAME:

PROPERTY DETAILS

Please complete if you are a new client or if this is a new property

Address of Rental Property:	***If purchased or sold this year, please provide the settlement statements***		
Date Property Purchased:	___/___/___	Purchase Price/Cost	\$
Date Property Built:	___/___/___	Date Property First Earned Rental Income:	___/___/___
Number of Weeks Available For Rent:	<input type="checkbox"/> Full year (52 weeks) <input type="checkbox"/> Part year : _____ weeks (from ___/___/___ to ___/___/___)		
Ownership Details:	<input type="checkbox"/> In Your Name <input type="checkbox"/> In Joint Names (please supply details)		

INCOME

Gross Rent:	\$
Other Rental Income (recovery of outgoings – water rates, etc):	\$

EXPENSES

Advertising for Tenants:	\$	Body Corporate Fees (Strata levy):	\$
Bank fees on loans:	\$	Cleaning:	\$
Council Rates:	\$	Emergency Services Levy:	\$
Gardening / Lawn mowing:	\$	Inspection Fees :	\$
Insurance:	\$	Interest charged on loans:	\$
Land Tax:	\$	Letting Fees:	\$
Pest Control:	\$	Property Management Commissions:	\$
Repairs & Maintenance:	\$	Stationery, Telephone & Postage:	\$
Other: _____	\$	Water Rates:	\$
Other: _____	\$	Other: _____	\$

IMPROVEMENTS (OVER \$300)

ITEM	DATE PURCHASED	COST
		\$
		\$
		\$
		\$

OTHER THINGS YOU WOULD LIKE TO MENTION TO US

