



SUBMIT TO:

kate@revolvepa.com
aubrey@revolvepa.com

(570) 800-6861

REVOLVE PROPERTY MANAGEMENT APPLICATION / QUESNTIONNAIRE

YOUR NAME(S): _____

LLC NAME(S) IF ANY: _____

PROPERTIES:

ADDRESS	UNIT	SF	BEDS / BATHS	CONDITION:	UTILITY BILLING	NOTES:

DO YOU THINK YOUR PROPERTIES COULD CAPTURE INCREASED RENT? _____

ANY PROBLEM TENANTS?

ANY PROBLEMS YOU NEED HELP WITH?



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PLANNED CAP EX AND/OR REPAIRS NEEDED:

CURRENT VENDORS (SNOW LAWN ETC):

UTILITY COMPANIES IN USE:

WHAT ARE YOU LOOKING FWD TO MOST WITH PROPERTY MANAGEMENT?

WHAT ARE YOUR FEARS?

WHAT ARE YOUR LONG TERM GOALS WITH YOUR PROPERTY / PORTFOLIO?

IE. AS MANY DOORS AS POSSIBLE, HIGH CASH FLOW, RENOVATION & APPRECIATION / REFINANCE,
FUTURE SALES TO CASH OUT, FUTURE SALES TO RESTRUCTURE, KEEP THE SAME, ETC



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DO YOU PLAN ON BUYING MORE PROPERTIES IN THIS AREA? _____

DO YOU PLAN ON SELLING PROPERTIES IN THIS AREA? _____

DO YOU CURRENTLY HAVE A REAL ESTATE AGENT (IF YES, WHO)? _____

COULD YOU BENEFIT FROM PROJECT MANAGEMNET IN ANY WAY? _____

ANYTHING ELSE YOU'D LIKE US TO KNOW?

ANY OTHER QUESTIONS?
