



Beal Properties
903 S Texas Avenue, College Station, TX 77840
Business (979)764-2500 Fax (979)764-0508

PROPERTY INFORMATION SHEET

Property Address _____ **[Managed or Locator]** *please circle*

City _____, Zip _____, TX Available Date: ____/____/____

House Condo Duplex Fourplex Apartment *please circle* Square Feet _____

Owner Name _____

Owner Address _____ City _____, State _____, Zip _____

Phone No (____) _____ Alt.(____) _____ Email _____

Beds: _____ Baths: _____ Stories: _____ Garage: **Yes or No** Other _____

Appliances:	Utility Type:	Utilities Paid:	Flooring:
<input type="checkbox"/> Stove/Oven	<input type="checkbox"/> Electric	<input type="checkbox"/> Electric	<input type="checkbox"/> Carpet
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Electric and Gas	<input type="checkbox"/> Water	<input type="checkbox"/> Ceramic
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Gas Heat	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hardwood
<input type="checkbox"/> Disposal	<input type="checkbox"/> Gas Stove	<input type="checkbox"/> Garbage	<input type="checkbox"/> Laminated
<input type="checkbox"/> Microwave	<input type="checkbox"/> Gas Hot Water	<input type="checkbox"/> Gas	<input type="checkbox"/> Vinyl
<input type="checkbox"/> W/D Connections		<input type="checkbox"/> Lawn Care	Floor in Living Area _____
<input type="checkbox"/> Washer and Dryer		<input type="checkbox"/> Pest Control	Bedroom Flooring _____

Back Yard: **Yes or No** Fence: **Yes or No** If Yes, Type: Chain Wood Other _____ *please circle*

Rent Amount: \$ _____ / Month Current Tenant Name: _____

Security Deposit: \$ _____ Tenants Contact Info. _____ Texting ok? ____

Pets Allowed: **Yes or No** Tenants Contact Info. _____ Texting ok? ____

Pet Deposit: \$ _____ (notes) _____ Tenant Vacate Date: _____

Have you provided our office with photos of your property? **Yes or No**

Please list any updates or features you would like marketed with your property:

NOTES: _____