



New Client: Property Management Services Form

Owner(s): Please complete a form for each property/address and return to SHC Property Management

Property Name (If any): _____
Property Address: _____
City: _____ State: _____ Zip: _____

Owner 1 *Information is required only once if additional properties are managed. Use "NA" for fields that don't apply*

Full Name: _____
Dba/or LLC: _____
Date of Birth: ___/___/___ Tax or EIN: _____ SSN: ___-___-___

Home Address: _____
City: _____ St: _____ Zip: _____
Main Ph #: _____ Second Ph #: _____ E-mail address: _____
Business Address: _____
City: _____ St: _____ Zip: _____
Business Ph #: _____ Business Fax #: _____

Owner 2 *Information is required only once if additional properties are managed. Use "NA" for fields that don't apply*

Full Name: _____
Dba/or LLC: _____
Date of Birth: ___/___/___ Tax or EIN: _____ SSN: ___-___-___

Home Address: _____
City: _____ St: _____ Zip: _____
Main Ph #: _____ Second Ph #: _____ E-mail address: _____
Business Address: _____
City: _____ St: _____ Zip: _____
Business Ph #: _____ Business Fax #: _____