



505 Corporate Center Dr.
Suite 105
Stockbridge, GA 30281

Office: 770-957-9550
info@academyproperties.ws

Owners Initial Checklist:

Please complete, sign and returned the following.

If not needed please place "N/A" in blank

- _____ 1. Property Management Contract
- _____ 2. Copy of Recorded Warranty Deed
- _____ 3. Owner & Property Information
- _____ 4. Owners Property Disclosure
- _____ 5. Owners Insurance Letter
- _____ 6. Current Mortgage Statement
- _____ 7. W-9
- _____ 8. Authorization Agreement for Direct Deposit
- _____ 9. Copy of Covenants, Conditions & Restrictions - *** Please include HOA/UOA contact name & number ***
- _____ 10. Two sets of key
- _____ 11. Pool and/or Mailbox Keys
- _____ 12. Garage door remotes
- _____ 13. Check for \$500.00, reserve account
- _____ 14. Lead Based Paint Exhibit (only if built prior to 1978)

NOTE: If you did not send a check (item 13) we will deduct \$500.00 from second month rent. All requested paperwork must be completed and received by Academy Properties before any owner's payments can be processed.

WHAT TO EXPECT AFTER RECEIVING APPLICATION:

After screening and our preliminary approval, you will be contacted for your final approval before we execute the lease.

WHAT TO EXPECT AFTER THE LEASE:

***Month 1** - You will receive payment of the month's rent less our procurement fee.

***Month 2** - You will receive payment of the month's rent or prorated rent less our management fee, less any cost incurred.

***Month 3-12** - You will receive payment of the month's rent less our management fee and any other costs incurred, for instance repairs & maintenance you have authorized us to spend. Some vendors/contractors used by the company may be those with affiliated business relationships and/or those related to principals of firm.

Owner's Disbursement Dates: 10th, 20th & 25th of the month.

Approximately 60 days before lease terminates, please notify us if you have any intention of not renewing a lease with the current tenants or if you wish any change in terms, rent, etc. Prior to our annual property condition report and lease renewal we will need this information. You should receive email photos, along with our condition report and a copy of the lease renewal.

Owners Signature

Date

Owners Signature

Date



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Owner & Property Information Package

OWNER: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ HOME PHONE: _____

WORK PHONE: _____

OWNER: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ HOME PHONE: _____

WORK PHONE: _____

OWNER'S MAILING ADDRESS: _____

PROPERTY ADDRESS: _____ CITY: _____ ZIP: _____

SUBDIVISION: _____ HOA (Y/N): _____ YEAR BUILT: _____

BEDROOMS: _____ BATHROOMS: _____ SECTION EIGHT (Y/N): _____

PETS (Y/N): _____ ALARM CODE: _____

KEYS/GARAGE REMOTES: HOUSE KEY: _____ # OF COPIES POOL KEY/CARD: _____ # OF COPIES

MAILBOX KEY: _____ # OF COPIES GARAGE REMOTES: _____ # OF REMOTES

OWNER PROVIDED AND MAINTAINED APPLIANCE(S):

REFRIGERATOR _____ DISHWASHER _____ STOVE _____ (GAS OR ELECTRIC) _____

MICROWAVE _____ WASHER _____ DRYER _____

FIREPLACE _____ GARAGE CONTROL/OPENER _____

FURNACE (GAS OR ELECTRIC) _____ HOT WATER HEATER (GAS OR ELECTRIC) _____



505 Corporate Center Drive
Suite 108
Stockbridge, Ga 30281

Office: 770-957-9550
Info@Academyproperties.ws

Date: _____

Policy Number: _____

Insurance Agent: _____ Phone: _____

Insurance Company: _____

Address: _____ City/State: _____ Zip: _____

Dear Agent,

I have asked Academy Properties to manage my property located at:

Address: _____ City/State: _____ Zip: _____

Which is insured with your company. Please add "Academy Properties" as **Additional Insured** to my policy. My understanding is that there is no additional charge for this endorsement. If there is a charge, contact me before making changes to my policy. Otherwise, please mail a copy of the endorsement directly to:

Academy Properties, LLC
505 Corporate Center Dr.
Suite 108
Stockbridge, GA 30281

If you have any questions, please contact Academy Properties at: 770-957-9550

Sincerely,

Policy Owner

Date: _____

Policy Owner (Print)

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) City, state, and ZIP code	Requester's name and address (optional)
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number										
			-				-			

Employer identification number										
			-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



Authorization Agreement For Automatic Deposits

ACH Credits

I (we) hereby authorize **The Real Estate Academy, Inc., DBA/ Academy Properties**, hereinafter called **Company**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) _____ **Checking** _____ **Savings Account** (*please select one*) indicated below and the depository named below, hereinafter called **Depository**, to

Bank Name (**Depository**): _____

City: _____ State: _____ Zip: _____

Transit/ABA #: _____ Account Number: _____

This authority is to remain in full force and effect until **Company** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Company** and **Depository** a reasonable opportunity to act on it.

Owner	Owner
Name: _____	Name: _____
(Please Print)	(Please Print)

Date: _____ Date: _____

Signed: _____ Signed: _____

**Two Signatures Required for Joint Accounts*

***** Please Attach A Voided Check Here *****