

SCHEDULE

1. PREMISES Address:

2. OWNER / PCBU

3. MANAGEMENT PLAN: Platinum / Gold / Silver / Bronze **4. TENANCY TYPE:** Unfurnished / Furnished / Room x Room **(CIRCLE SELECTIONS)**

5. HOME TYPE: House / Townhouse / Unit / Apartment **6. ROUTINE PROPERTY INSPECTION SCHEDULE (MONTHS):** 3 / 4 / 6 Other

7. FEATURES: Bedrooms _____ Bathrooms _____ Living _____ Garaging _____ Off Street Parking _____

Extra toilets _____ Levels _____ Decks _____ Balconies _____ Sheds _____ Gardens _____

8. CHATTEL LIST: Stove / TV aerial / Sky aerial / Rangehood / Dishwasher / Waste disposer / Net curtains / Drapes / Blinds / Alarm / Pool / Spa / Deck / Ventilation System / Fridge - Freezer / Washing machine / Dryer / Heat pump / Microwave / Bed / Bedside cabinet / Removable wardrobe / Other:

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9. Water heaters - make/model/type/fuel/pressure/size/age.....

10. TENANT PERMISSIONS: Outside smoker allowed: Yes / No Outside dog allowed: Yes / No Cat allowed: Yes / No Other pets allowed: Yes / No

11. PROPERTY PUBLIC SCHOOL ZONES

12. OUTGOINGS LIABILITY

GAS METER / Bottle (Please note: LPG bottle hire is the legal liability of the Owner) LIABILITY: Tenant / Owner

NO: _____ Reading: _____ Date _____ Location: _____

POWER METER ICP No _____ LIABILITY: Tenant / Owner

NO: _____ Reading: _____ Date _____ Location: _____

WATER METER Account No _____ LIABILITY: Tenant / Owner

NO: _____ Reading: _____ Date _____ Location: _____

13. BODY CORP I/we agree that as proprietors of a body corporate unit to advise the Agent of any Body Corporate rules or any change to Body Corporate rules.

Body Corporate number: _____ Storage Locker: _____ Car Park No: _____

Manager: _____ Phone: _____

14. ACCOUNTS TO BE PAID BY THE AGENT Council Rates Yes / No Water Accounts Yes / No Insurance Yes / No Body Corp Yes / No

Other:

Please ensure billing address is changed to the Agent. Attach completed water bill redirection

15. ROUTINE MAINTENANCE Woodburner / Pellet Burner / Electric Heaters / Gas Fire / Gas Heater / Open Fire / Potbelly / Heat Pump / Ventilation

Flues cleaned Yes / No If yes when:

Heating checked Yes / No If yes when: Heating to be maintained by The Agent: Yes / No

PPVS Ventilation system last serviced: Next PPVS service due:

PPVS Supplier: Email: Ph:

Pool servicing cycle: Pool to be maintained by: Pool Company Valet service via Agent / Owner / BC

Current pool service company: Email: Ph:

The Landlord is legally responsible for maintaining pools, pool fencing, hedges and trees. The Agent is to manage the hedges and trees: Yes / No

I/we authorise the following routine preventative maintenance schedules: (N.A= not applicable) Air conditioner / heat pump service call Yrly / 2Yrly / N.A



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Exterior Roof Treatment & Gutters Yrly / 2Yrly / No Exterior Cladding Soft Wash Yrly / 2Yrly / Between tenants / No Chimney Sweep Yrly / 2Yrly / N.A
Carpet Clean Yrly / 2 Yrly / Between tenants / N.A Hedge & tree trimming 6mthly / Yrly / N.A Exterior hard wash paths, driveway, fences Yrly / 2Yrly / N.A

HHS Extractor fan grille clean & test in bathrooms and kitchens 6 monthly / Yrly 3rd Party Smoke alarm annual service contract Yes / No-Chic / Arrange

Current smoke alarm service provider:

16.OPTIONAL REGULAR SERVICES I / we authorise Chic to arrange and pay for the following regular services to the property on my / our behalf and not charge these separate expenses to the tenant however instruct Chic to allow for these costs to be included in future rent reviews.

Fortnightly lawnmowing with catcher Yes / No Fortnightly lawnmowing without catcher Yes/No Garden bin service 4 weekly Yes/No

Gardener Fortnightly / 4 weekly / No

17.MAINTENANCE REQUIRED PRIOR TO TENANTING? Yes / No If yes please specify

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18.SPECIAL INSTRUCTIONS (Existing management details, utility companies etc)

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19. HEALTHY HOMES ASSESSMENT REPORT (CIRCLE SELECTION)

- A). I / we authorise Chic Property Management Ltd to obtain an independent Healthy Homes Assessment compliance report and any updated professional reports required for the property and agree I / we will be responsible for costs.
- B). I / we attach a Healthy Homes Assessment compliance report on which I / we rely. I / we indemnify Chic Property Management Ltd from any legal repercussions from any inaccuracies or inadequacies in the report/s attached.

20.INSURANCE INSTRUCTIONS (CIRCLE SELECTION)

- A). Please refer and administer RLINZ specialist landlord risk top up insurance (**rent guarantee**) from commencement date on acceptance and bill monthly / annually to my account. My building insurer knows my property is rented and I have attached a copy of the policy schedule detailing cover limits and relevant excesses.
- B). I understand the risks but choose not to have specialist landlord insurance (rent guarantee), my building insurer knows my property is rented and I have attached a copy of the policy schedule detailing cover limits and relevant excesses.
- C). I already have comprehensive landlord dwelling and risk insurance for my property including landlord liability, contents, loss of rents and rent arrears cover. The excesses and coverage are detailed in the attached policy schedule.
- D). I have no building insurance. Please assist me to apply for quotes. If I choose to go ahead please manage all my claims, administration and payments.
- E). I have no building insurance. Please refer me to obtain quotes and administer RLINZ rental building insurance and RLINZ specialist landlord risks (**rent guarantee**) insurance as soon as reasonably practicable, once accepted bill monthly/annually to my account.
- F). I have no insurance for the property. I have no intention of insuring the property, it's contents or it's rents, I acknowledge this likely puts me in breach of any mortgage or banking covenants in respect of the subject property, and should I hold a mortgage against the property this could result in the property being sold by the lender. I ask you to declare my property uninsured in any Tenancy Agreement.
- G). I have chosen **Platinum Plan**. Please refer and administer the RLINZ landlord risk insurance (**rent guarantee**) at no extra cost, as included in the terms and conditions of the Chic Property Management Platinum Management Plan fee.

21.CURRENT RENT: \$ _____ per week. **RENT INCLUDES:** water / lawns / power / gas / internet / cleaners / green waste / general waste

DESIRED RENT: \$ _____ **APPRAISED RENT:** \$ _____ Is the Property currently Tenanted? Yes / No Is the Property currently for sale? Yes / No

Available from _____ for _____ Months / until further notice. **FENCED:** Fully / Partially / Unfenced **CHILD FRIENDLY:** Yes / No

Alarm Code: _____ Monitoring Company: _____ Contact: _____

Gate Code: _____ Auto Gate Company: _____ Contact: _____

22.COMMENCEMENT DATE Days from today: 15 working days / 30 days / 90 days / 180 days / today / 1st tenancy commencement. _____ / _____ / _____

23.METH DECLARATION The Property **has / has not** tested positive for methamphetamine previously. **(CIRCLE SELECTION)**

If the Property has previously been decontaminated please attach details, a copy of the Clearance Certificate and all related clearance testing reports.

24.TOXICOLOGY Acceptance of this schedule may be conditional on Chic obtaining any toxicology report Chic deems prudent to protect the parties from liability.

25.LIST OF POTENTIAL SAFETY HAZARDS IDENTIFIED: Steep stairs / Cliffs or steep banks / Uneven ground / Decking above 1 metre / Pools / Spa Pool / Current maintenance or building works in progress / Asbestos / Other:

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26. NUMBER OF KEYS SUPPLIED: (3 sets required) Number in each set

Front Door _____ Rear Door _____ Ranch Slider _____ Garage _____ Shed _____

Master Bedroom _____ Other Bedrooms _____ Side door _____ Mailbox _____ Other _____ Total _____

Swipe Card _____ Garage Remote _____ Air Con Remote _____ Pool _____ Gate _____

27. VARIATIONS OF MANAGEMENT TERMS FOR THIS PROPERTY

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28. SCHEDULE SIGNED (Please Initial every page & sign below) **by OWNER / PCBU or DULY AUTHORISED REPRESENTATIVE**

NAME
OWNER / PCBU _____ Sign _____ Date _____

AGENT ACCEPTANCE
Manager / PCBU _____ Sign _____ Date _____

OPTIONAL SECTION - MAINTENANCE & WARRANTY SCHEDULE (Where possible specify purchase date/age)

CARPET DETAILS

Weight/Colour/Material/Supplier/Install date _____

Supplier Contact Details _____

PAINT DETAILS (IF KNOWN/optional)

Ceiling Range/Colour/Sheen/Paint date _____

Ext Base Range/Colour/Sheen/Paint date _____

Ext Doors Range/Colour/Sheen/Paint date _____

Ext Roof Range/Colour/Sheen/Paint date _____

Ext Walls Range/Colour/Sheen/Paint date _____

Int Doors Range/Colour/Sheen/Paint date _____

Int Trim Range/Colour/Sheen/Paint date _____

Int Walls Range/Colour/Sheen/Paint date _____

Int Wet Rooms Range/Colour/Sheen/Paint date _____

WARRANTY CONTACT DETAILS FOR THE PROPERTY

Items _____

Supplier/Contact Details _____

Items _____

Supplier/Contact Details _____

Items _____

Supplier/Contact Details _____

Items _____

Supplier/Contact Details _____

Items _____



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Supplier/Contact Details _____

OFFICE USE ONLY

Address BLDG Insurance Percent Keys Management Cancellation Repairs Signed
Vacant Tenanted Notices History Water Bill Redirection Chattel List Meth Test
Bank LL Insurance Inspected Reserve fund Change of Agent/LL PM Letter TPS
Owner Property Tenant Scanning Work Orders Tenant Letters Owner Letters
Owner ID Photography Ad Text chicpm.co.nz realestate.co.nz trademe.co.nz facebook.com
Appraisal Rent Review Smoke Alarms Pest Control Cleaning Lawns
Notes:



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HEALTHY HOMES STANDARD, INSULATION AND INSURANCE Disclosure Statement/s

Does insulation meet the minimum requirements for **ceiling** insulation?

Yes No

If no, explain what exception applies and which room/s it applies to (eg. professional installer cannot access skillion ceiling above bedroom 2).

Does insulation meet the minimum requirements for **underfloor** insulation?

Yes No

If no, explain what exception applies and which room/s it applies to (eg. professional installer cannot access subfloor space safely).

Ceiling insulation

Location/coverage

- Complete (all rooms)
- Partial (specify areas not insulated):

None

I don't know as ceiling space is not accessible in the following areas (specify):

Type

- Segments/Blankets
- Loose – fill
- Other (specify) -----
- Ceiling space is not accessible

Bulk Insulation value (R – value): ----- or minimum thickness: -----

Age of ceiling insulation (if known): -----

Condition

Insulation is in at least a reasonable condition (if not, please explain why):

Insulation has no gaps other than clearances where required (e.g. around older style downlights and chimney flues)

Ceiling space is not accessible

Underfloor insulation

Location/coverage

Complete (all rooms)

Partial (specify areas not insulated):

None

I don't know as underfloor space is not accessible in the following areas (specify):

Type

Segments / Blankets



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- Polystyrene
- Foil
- Bulk Insulation with foil lining
- Other (specify) -----
- Underfloor space is not accessible

Bulk Insulation value (R – value): ----- or minimum thickness (n/a for foil): -----

Age of underfloor insulation (if known): -----

Condition

- Insulation is in at least a reasonable condition (if not, please explain why):

- Insulation has no gaps other than clearances where required (e.g around pipes)

- Underfloor space is not accessible

Wall Insulation

Location / coverage

- Complete (all rooms)

- Partial (specify areas not insulated):

- None

- I don't know as wall insulation is not accessible

Supplementary Information

Any other details about the type or condition if known:

Date insulation was last upgraded ----- or N/A

Date insulation was professionally assessed ----- or N/A

Landlord Statement

I/we, ----- (name of landlord(s))
declare that the information contained in this insulation statement is true and correct as at the date of signing and that all reasonable efforts have been made to obtain information about the location, type and condition of insulation at the premises. I/we, **will comply / already comply** with the healthy homes standards as required by section 45(1)(bb) or 66(l)(bb) of the Residential Tenancies Act.

I/we confirm the premises **are / are not** insured and a copy of the insurance policy is attached if not already provided to the Agent and Tenant.

We confirm the current insurance excesses are as below and agree any changes made to the insurance will be notified to the Agent in writing.

House insurance excess \$..... Landlord's contents excess \$.....

Intentional damage by Tenant excess \$..... Methamphetamine damage excess \$.....

Accidental damage by Tenant excess \$.....

Signed by: ----- Date signed: -----
landlord