

 **Preferred**
SPECIALTY, LLC
HABITATIONAL QUESTIONNAIRE

Property Name: _____
Street Address: _____
City, State, Zip: _____

Type of Occupancy: Apartment ___ Condo ___ HOA ___

Age: ___ Years Owned By Applicant: ___ Construction: _____
Roof Construction: _____
Square Footage: _____ Protection Class: ___ Sprinklered: ___
Number of Stories: _____
Occupancy %: ___ Number of Units Owned: ___, Rented: _____
Monthly Rental Income: Min: \$ _____, Max: \$ _____ Number of Bldgs.: _____
Separation Between Bldgs: _____

Swimming Pool: ___ Tennis Courts: ___ Property Fenced: _____
Control Access Gate: ___ Management On Premises: _____
Maintenance Staff On Premises: _____
Watchman On Premises: _____ Crime In Area: High ___, Med. ___, Low _____

If Building Over 15 Years, Advise Year of Updates To: Roof: _____
Electrical: ___ Plumbing: ___ Heating: ___ Wiring Type: _____ If
Aluminum, Are All Receptacles And Switches Fixed Using The Cop Alum Crimp Method?

Fire Protection: Sprinklers: ___ All Areas / Common Areas / Other: _____
Smoke Detectors in each unit: ___ Battery or Hardwired: _____
How Often Checked: _____ By Whom: _____
Fire Extinguishers In Each Unit: _____

Any Units HUD/Sect 8/Subsidized Housing? _____ Student Rentals: _____
Fraternity Or Sorority Housing: _____

Are Tenants Screened Prior To Leasing? _____ Credit Check: ___ Criminal Check: _____
Are Employees Screened? _____

THE APPLICANT, AGENT REPRESENTS THAT THE ABOVE STATEMENTS AND
FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR
MISTATED.

Applicant: _____ Producer: _____
Signature: _____ Signature: _____
Date: _____ Date: _____