

# EAG

## ELLIS

—PROPERTY GROUP—

# PROPERTY

## INFORMATION BINDER

MANAGE. • PROTECT. • GROW.



MANAGE



PROTECT



GROW



PROPERTY ADDRESS: \_\_\_\_\_



OWNER: \_\_\_\_\_



PROPERTY MANAGER: \_\_\_\_\_



EMERGENCY CONTACT: \_\_\_\_\_



ELLISPROPERTYGROUPLLC.COM



(630) 509-4983



INFO@ELLISPROPERTYGROUPLLC.COM

SYSTEMS. ACCOUNTABILITY. RESULTS.

Quick reference summary for this property.



## PROPERTY INFORMATION

Property Address: \_\_\_\_\_

Property Type: ☐ Single Family ☐ Duplex ☐ Townhome ☐ Condo ☐ Multi-Family

Year Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_

Garage: \_\_\_\_\_ Basement: ☐ Yes ☐ No

Lot Size: \_\_\_\_\_



## TENANT INFORMATION

Tenant Name(s): \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Security Deposit: \_\_\_\_\_

Rent Due Date: \_\_\_\_\_ Late Fee: \_\_\_\_\_



## CRITICAL SHUT-OFF LOCATIONS

 Main Water Shutoff: \_\_\_\_\_

 Electrical Panel Location: \_\_\_\_\_

 Main Gas Shutoff: \_\_\_\_\_

 Sump Pump Location: \_\_\_\_\_

 Floor Drain Locations: \_\_\_\_\_



## PROPERTY SYSTEMS

| SYSTEM             | MAKE / MODEL | INSTALL DATE | LAST SERVICE |
|--------------------|--------------|--------------|--------------|
| Furnace            |              |              |              |
| Air Conditioner    |              |              |              |
| Water Heater       |              |              |              |
| Water Softener     |              |              |              |
| Sump Pump          |              |              |              |
| Garage Door Opener |              |              |              |



## NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## DOCUMENT REVISION

Prepared By: **ELLIS PROPERTY GROUP LLC**

Last Updated: \_\_\_\_\_ Next Annual Review: \_\_\_\_\_



## EMERGENCY CONTACTS

### Property Manager



Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_



### Emergency Maintenance Vendor

Company: \_\_\_\_\_  
Phone: \_\_\_\_\_



### Electric Utility

Phone: \_\_\_\_\_



### Gas Utility

Phone: \_\_\_\_\_



### Water Department

Phone: \_\_\_\_\_



## VENDOR QUICK REFERENCE

| SERVICE                                                                                            | COMPANY | PHONE |
|----------------------------------------------------------------------------------------------------|---------|-------|
|  HVAC         |         |       |
|  Plumbing     |         |       |
|  Electrical   |         |       |
|  Roofing      |         |       |
|  Landscaping  |         |       |
|  Snow Removal |         |       |



## KEY INFORMATION

Key Location: \_\_\_\_\_  
Garage Door Code: \_\_\_\_\_  
Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_



## ADDITIONAL INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow these steps immediately.  
When in doubt, prioritize safety and call for help.



## EMERGENCY ACTION STEPS

- 1 Ensure everyone's safety. Call **911** if anyone is injured or in immediate danger.
- 2 Identify the type of emergency and stop the source of the problem if safe to do so.
- 3 Protect the property from further damage.
- 4 Notify the property manager immediately.
- 5 Contact the appropriate vendor or utility.
- 6 Document the issue with photos and notes.
- 7 Keep all receipts, invoices, and records.
- 8 Follow up until the issue is fully resolved.



## EMERGENCY RESPONSE GUIDE

|                                                                                                              |                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>FIRE / SMOKE</b>       | <ul style="list-style-type: none"> <li>• Evacuate the property immediately.</li> <li>• Call 911.</li> <li>• Do not re-enter until authorized.</li> <li>• Notify property manager.</li> </ul>                               |
|  <b>WATER LEAK / FLOOD</b> | <ul style="list-style-type: none"> <li>• Stop the water source if safe.</li> <li>• Shut off main water valve.</li> <li>• Contact plumber immediately.</li> <li>• Mitigate damage and document.</li> </ul>                  |
|  <b>GAS LEAK</b>           | <ul style="list-style-type: none"> <li>• Evacuate the property.</li> <li>• Do not use electrical switches or open flames.</li> <li>• Call the gas company and 911.</li> </ul>                                              |
|  <b>POWER OUTAGE</b>       | <ul style="list-style-type: none"> <li>• Check breaker panel.</li> <li>• Report outage to electric utility.</li> <li>• Use flashlights only.</li> <li>• Check HVAC and appliances after power is restored.</li> </ul>      |
|  <b>LOCKOUT</b>            | <ul style="list-style-type: none"> <li>• Verify occupant identity.</li> <li>• Contact locksmith if keys are lost or lock is damaged.</li> <li>• Do not force entry.</li> </ul>                                             |
|  <b>STORM DAMAGE</b>       | <ul style="list-style-type: none"> <li>• Ensure safety and evacuate if needed.</li> <li>• Document damage with photos.</li> <li>• Contact property manager.</li> <li>• Board up or secure if necessary.</li> </ul>         |
|  <b>SEWAGE BACKUP</b>      | <ul style="list-style-type: none"> <li>• Avoid contact with contaminated water.</li> <li>• Stop the source if safe.</li> <li>• Contact restoration company.</li> <li>• Follow safety and sanitation guidelines.</li> </ul> |



## IMPORTANT NOTES

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## EMERGENCY CONTACTS


**24/7 EMERGENCY CONTACT (AFTER HOURS)**  
 Name/Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_


**POLICE (NON-EMERGENCY)**  
 Department: \_\_\_\_\_  
 Phone: \_\_\_\_\_


**FIRE DEPARTMENT**  
 Department: \_\_\_\_\_  
 Phone: \_\_\_\_\_


**GAS UTILITY**  
 Company: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_


**ELECTRIC UTILITY**  
 Company: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_


**WATER UTILITY**  
 Company: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_



## EMERGENCY VENDOR CONTACTS


**HVAC COMPANY**  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_


**PLUMBING COMPANY**  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_


**ELECTRICAL COMPANY**  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_


**RESTORATION COMPANY**  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_


**LOCKSMITH**  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_


**ROOFING COMPANY**  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_


**OTHER / NOTES**  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_



## VENDOR USED

Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date: \_\_\_\_\_



## DATE COMPLETED

Date: \_\_\_\_\_  
 Completed By: \_\_\_\_\_

Important service providers for your property.  
Keep this list updated.

| SERVICE                                                                                                                 | COMPANY | CONTACT PERSON | PHONE | EMAIL / WEBSITE | NOTES |
|-------------------------------------------------------------------------------------------------------------------------|---------|----------------|-------|-----------------|-------|
|  HVAC                                   |         |                |       |                 |       |
|  PLUMBING                               |         |                |       |                 |       |
|  ELECTRICAL                             |         |                |       |                 |       |
|  LOCKSMITH                              |         |                |       |                 |       |
|  ROOFING                               |         |                |       |                 |       |
|  RESTORATION<br>(WATER / FIRE / MOLD) |         |                |       |                 |       |
|  LANDSCAPING                          |         |                |       |                 |       |
|  SNOW REMOVAL                         |         |                |       |                 |       |
|  WASTE / TRASH<br>SERVICE             |         |                |       |                 |       |
|  GARAGE DOOR<br>SERVICE               |         |                |       |                 |       |
|  PEST CONTROL                         |         |                |       |                 |       |
|  GUTTER CLEANING                      |         |                |       |                 |       |
|  POOL SERVICE<br>(IF APPLICABLE)      |         |                |       |                 |       |
|  MOVING / HAULING                     |         |                |       |                 |       |
|  SECURITY SYSTEM                      |         |                |       |                 |       |
|  OTHER                                |         |                |       |                 |       |



NOTES

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DATE LAST UPDATED

Date: 

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Updated By: 

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Important utility account information, meter locations,  
and shut-off locations.

KEEP THIS INFORMATION UPDATED.


**GAS PROVIDER**

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Customer Service Phone: \_\_\_\_\_

Emergency / Gas Leak: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Website: \_\_\_\_\_

 **METER LOCATION**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 **MAIN GAS SHUT-OFF LOCATION**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ **NOTES:** \_\_\_\_\_


**ELECTRIC PROVIDER**

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Customer Service Phone: \_\_\_\_\_

Outage / Emergency: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Website: \_\_\_\_\_

 **METER LOCATION**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 **MAIN ELECTRICAL PANEL LOCATION**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ **NOTES:** \_\_\_\_\_


**WATER PROVIDER**

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Customer Service Phone: \_\_\_\_\_

Emergency / After Hours: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Website: \_\_\_\_\_

 **METER LOCATION**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 **MAIN WATER SHUT-OFF LOCATION**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ **NOTES:** \_\_\_\_\_


**INTERNET / CABLE PROVIDER**

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Customer Service Phone: \_\_\_\_\_

Technical Support: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Website: \_\_\_\_\_

 **EQUIPMENT LOCATION (MODEM / ROUTER)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 **NOTES / SPECIAL INSTRUCTIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ **NOTES:** \_\_\_\_\_


**UTILITY SHUT-OFF REMINDERS**

- Know the location of all main shut-off valves and the electrical panel.
- Test shut-off valves annually to ensure they work properly.
- Keep access to all utility equipment clear at all times.
- Notify utility companies of any tenant changes.


**DATE LAST UPDATED**

Date: \_\_\_\_\_

Updated By: \_\_\_\_\_

System locations, details, and maintenance information.



### ELECTRICAL

Main Panel Location: \_\_\_\_\_

Sub Panel Location(s): \_\_\_\_\_



NOTES: \_\_\_\_\_

### BREAKER DIRECTORY

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

### MAIN PANEL



### SUB PANEL (IF APPLICABLE)



### EXTERIOR METER



### WATER

Main Water Shutoff Location: \_\_\_\_\_

Exterior Shutoff Location: \_\_\_\_\_

Water Meter Location: \_\_\_\_\_

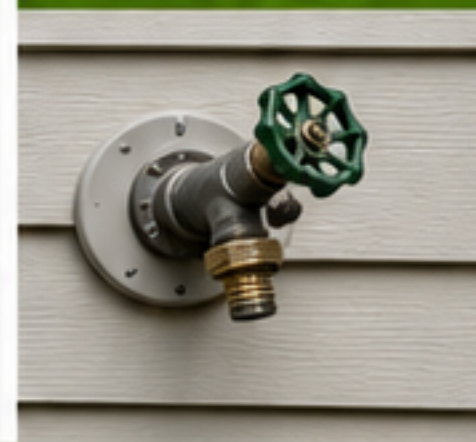


NOTES: \_\_\_\_\_

### MAIN WATER SHUTOFF



### EXTERIOR SHUTOFF



### WATER METER



### HVAC

Furnace Location: \_\_\_\_\_

Air Conditioner Location: \_\_\_\_\_

Filter Size: \_\_\_\_\_

Filter Change Schedule: \_\_\_\_\_

Thermostat Model: \_\_\_\_\_

Last Service Date: \_\_\_\_\_



NOTES: \_\_\_\_\_

### FURNACE



### AIR CONDITIONER



### THERMOSTAT



### WATER HEATER

Make / Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Installation Date: \_\_\_\_\_

Type: ☐ Gas ☐ Electric ☐ Tankless

Location: \_\_\_\_\_

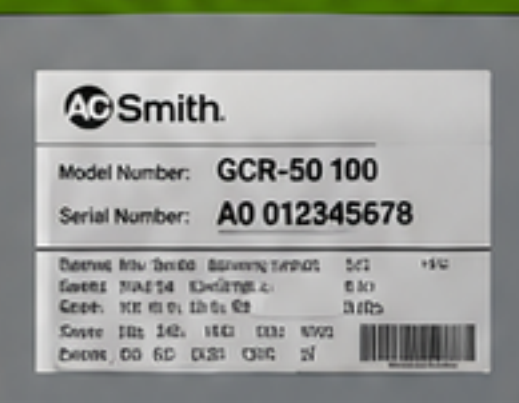


NOTES: \_\_\_\_\_

### WATER HEATER



### MODEL / SERIAL NUMBER



### TEMPERATURE SETTING

Current Temp: \_\_\_\_\_

Recommended: 120°F

### MAINTENANCE

Flush Annually: ☐ Yes ☐ No

Last Flushed: \_\_\_\_\_



### SUMP PUMP

Location: \_\_\_\_\_

Primary Pump Make / Model: \_\_\_\_\_

Backup System: ☐ Battery Backup ☐ Water Powered ☐ None

Backup Make / Model: \_\_\_\_\_

Last Tested: \_\_\_\_\_



NOTES: \_\_\_\_\_

### SUMP PUMP LOCATION



### BACKUP SYSTEM



### TEST SCHEDULE

Test Monthly: ☐ Yes ☐ No

Last Test Date: \_\_\_\_\_

### MAINTENANCE

Clean Basin: \_\_\_\_\_

Replace Battery: \_\_\_\_\_



## SECTION 6 APPLIANCE INFORMATION & MANUALS

ELLIS PROPERTY GROUP LLC  
MANAGE. PROTECT. GROW.

Record appliance details, serial numbers, purchase dates, and warranty information. Keep manuals in this section.



### APPLIANCE INVENTORY

| APPLIANCE        | MAKE / MODEL | SERIAL NUMBER | INSTALL DATE | PURCHASE DATE |
|------------------|--------------|---------------|--------------|---------------|
| Refrigerator     |              |               |              |               |
| Dishwasher       |              |               |              |               |
| Range / Oven     |              |               |              |               |
| Microwave        |              |               |              |               |
| Garbage Disposal |              |               |              |               |
| Washer           |              |               |              |               |
| Dryer            |              |               |              |               |
| Water Heater     |              |               |              |               |
| Furnace          |              |               |              |               |
| Air Conditioner  |              |               |              |               |
| Other            |              |               |              |               |



### WARRANTY INFORMATION

Warranty Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

General Notes:

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### EXTENDED WARRANTY

Plan Provider: \_\_\_\_\_

Policy / Plan #: \_\_\_\_\_

Coverage Dates: \_\_\_\_\_

Covered Items:

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### APPLIANCE MAINTENANCE SCHEDULE

| APPLIANCE            | MAINTENANCE TASK                  | FREQUENCY      | LAST COMPLETED | NEXT DUE |
|----------------------|-----------------------------------|----------------|----------------|----------|
| HVAC System          | Professional Service / Inspection | Annually       |                |          |
| Water Heater         | Flush Tank / Check Anode Rod      | Annually       |                |          |
| Refrigerator         | Clean Coils / Check Seals         | Every 6 Months |                |          |
| Dishwasher           | Clean Filter / Inspect Spray Arms | Every 6 Months |                |          |
| Dryer                | Clean Lint Vent / Inspect Duct    | Every 6 Months |                |          |
| Range / Oven         | Clean / Inspect                   | Every 6 Months |                |          |
| Sump Pump            | Test Operation                    | Every 3 Months |                |          |
| Smoke / CO Detectors | Test Batteries / Function         | Monthly        |                |          |



### WHERE TO FIND MANUALS

- ☐ Original Box
- ☐ This Binder (See Pockets)
- ☐ Digital Copy Saved
- ☐ Manufacturer Website
- ☐ Other: \_\_\_\_\_



### MANUALS INCLUDED

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_



### APPLIANCE NOTES

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### VENDOR INFO (IF APPLICABLE)

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_



### DATE LAST UPDATED

Date: \_\_\_\_\_

Updated By: \_\_\_\_\_

Notes:

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Track all maintenance, repairs, and services performed on the property. Keep receipts and documentation.



## MAINTENANCE & REPAIR LOG

[illegible]

☐ **NOTES:** \_\_\_\_\_



## UPCOMING SERVICE REMINDERS

| SERVICE / SYSTEM                                                                                         | NEXT DUE DATE |
|----------------------------------------------------------------------------------------------------------|---------------|
|  HVAC (Heating)       |               |
|  HVAC (Cooling)       |               |
|  Water Heater Flush   |               |
|  Sump Pump Test       |               |
|  Smoke / CO Detectors |               |
|  Gutter Cleaning      |               |
|  Roof Inspection      |               |
|  Pest Control        |               |
|  Other              |               |



## SERVICE FREQUENCY GUIDE

|                                 |              |
|---------------------------------|--------------|
| HVAC Service (Heating) .....    | Annual       |
| HVAC Service (Cooling) .....    | Annual       |
| Water Heater Flush .....        | Annual       |
| Sump Pump Test .....            | Quarterly    |
| Smoke / CO Detectors Test ..... | Monthly      |
| Gutter Cleaning .....           | Twice / Year |
| Roof Inspection .....           | Annual       |
| Pest Control .....              | Quarterly    |



## PROPERTY INSPECTION HISTORY

| DATE | INSPECTION TYPE | PERFORMED BY | SUMMARY / FINDINGS | FOLLOW-UP REQUIRED<br>YES / NO |
|------|-----------------|--------------|--------------------|--------------------------------|
|      |                 |              |                    |                                |
|      |                 |              |                    |                                |
|      |                 |              |                    |                                |
|      |                 |              |                    |                                |
|      |                 |              |                    |                                |

**NOTES:** \_\_\_\_\_



## WORK ORDER TRACKER

| DATE OPENED | DESCRIPTION / ISSUE | STATUS<br>(OPEN / CLOSED) | DATE CLOSED |
|-------------|---------------------|---------------------------|-------------|
|             |                     |                           |             |
|             |                     |                           |             |
|             |                     |                           |             |
|             |                     |                           |             |
|             |                     |                           |             |

**NOTES:** \_\_\_\_\_



## SEASONAL MAINTENANCE CHECKLIST

| SPRING                                        | SUMMER                                           | FALL                                             | WINTER                                        |
|-----------------------------------------------|--------------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> HVAC Cooling Service | <input type="checkbox"/> HVAC Check              | <input type="checkbox"/> HVAC Heating Service    | <input type="checkbox"/> Insulate Pipes       |
| <input type="checkbox"/> Gutter Cleaning      | <input type="checkbox"/> Deck / Patio Inspection | <input type="checkbox"/> Inspect / Clean Gutters | <input type="checkbox"/> Check Heat Tape      |
| <input type="checkbox"/> Inspect Roof         | <input type="checkbox"/> Check Caulking / Seals  | <input type="checkbox"/> Seal Exterior Gaps      | <input type="checkbox"/> Test Sump Pump       |
| <input type="checkbox"/> Check Sprinklers     | <input type="checkbox"/> Clean Dryer Vent        | <input type="checkbox"/> Furnace Check           | <input type="checkbox"/> Snow Equipment Ready |
| <input type="checkbox"/> Test Sump Pump       | <input type="checkbox"/> Pest Control            | <input type="checkbox"/> Smoke / CO Test         | <input type="checkbox"/> Carbon Monoxide Test |
| <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Other: _____            | <input type="checkbox"/> Other: _____            | <input type="checkbox"/> Other: _____         |

☐ NOTES: \_\_\_\_\_



### LAST SERVICE SUMMARY

SERVICE / SYSTEM: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

PERFORMED BY: \_\_\_\_\_

COST: \$ \_\_\_\_\_

**WORK PERFORMED:**

RECEIPT / INVOICE  
ATTACHED?☐ YES ☐ NO

### WARRANTY APPLIES?

☐ YES    ☐ NO

**WARRANTY EXPIRES:**



Use this checklist during routine inspections.  
Document condition, note any issues, and follow up as needed.

PROPERTY ADDRESS: \_\_\_\_\_

INSPECTION TYPE: ☐ ROUTINE ☐ MOVE-IN ☐ MOVE-OUT ☐ SPECIAL

INSPECTED BY: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

NEXT INSPECTION DUE: \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

| AREA / SYSTEM                                                                                                | CONDITION                |                          |                          | NOTES / ISSUES FOUND | ACTION REQUIRED | FOLLOW-UP DATE |
|--------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|----------------------|-----------------|----------------|
|                                                                                                              | GOOD                     | FAIR                     | POOR                     |                      |                 |                |
|  EXTERIOR – ROOF             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  EXTERIOR – SIDING / TRIM    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  DOORS & WINDOWS             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  DRIVEWAY / WALKWAYS         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  LANDSCAPING / YARD        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  DECK / PATIO / FENCING    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  GARAGE / CARPORT          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  HVAC SYSTEM               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  WATER HEATER              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  PLUMBING FIXTURES         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  ELECTRICAL SYSTEM         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  APPLIANCES                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  BASEMENT / CRAWL SPACE    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  ATTIC                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  INTERIOR WALLS / CEILINGS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  FLOORING                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  SMOKE / CO DETECTORS      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  GENERAL CLEANLINESS       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  SAFETY / CODE COMPLIANCE  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |
|  OTHER (SPECIFY) _____     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                 |                |



## OVERALL PROPERTY CONDITION (Check One)

- ☐ EXCELLENT – No issues noted.
- ☐ GOOD – Minor issues / Normal wear.
- ☐ FAIR – Some issues need attention.
- ☐ POOR – Significant issues / Repairs needed.



## SUMMARY / COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## PHOTO DOCUMENTATION

- ☐ PHOTOS TAKEN ☐ PHOTOS ATTACHED
- # OF PHOTOS: \_\_\_\_\_



## FOLLOW-UP PRIORITY

- ☐ LOW ☐ MEDIUM ☐ HIGH
- TARGET COMPLETION DATE: \_\_\_\_\_



## NOTES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## INSPECTION COMPLETED BY:

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Keep all tax, insurance, and related documents in this section.  
Review annually and update as needed.



### PROPERTY TAX INFORMATION

County: \_\_\_\_\_  
Parcel / PIN #: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tax Assessed Owner: \_\_\_\_\_  
Tax Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Tax Year: \_\_\_\_\_  
Tax Bill Number: \_\_\_\_\_  
Assessed Value: \$ \_\_\_\_\_  
Tax Rate: \_\_\_\_\_  
Annual Tax Amount: \$ \_\_\_\_\_  
Payment Frequency: ☐ Annual ☐ Semi-Annual  
Payment Due Dates: \_\_\_\_\_  
Escrowed: ☐ Yes ☐ No  
If Yes, Escrow Company: \_\_\_\_\_  
Account / Loan #: \_\_\_\_\_

! NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### PROPERTY INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_  
Agent / Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Type: ☐ Homeowners ☐ Landlord ☐ Dwelling ☐ Other: \_\_\_\_\_  
Coverage Period: \_\_\_\_\_ to \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_  
Payment Frequency: ☐ Annual ☐ Semi-Annual ☐ Monthly  
Deductible Amount: \$ \_\_\_\_\_



#### COVERAGE DETAILS

|                                    |                              |
|------------------------------------|------------------------------|
| Dwelling Coverage: \$ _____        | Loss of Use: \$ _____        |
| Other Structures: \$ _____         | Liability Coverage: \$ _____ |
| Personal Property: \$ _____        | Medical Payments: \$ _____   |
| Other / Additional Coverage: _____ |                              |

! NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### MORTGAGE / LOAN INFORMATION

Lender: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Loan Number: \_\_\_\_\_  
Loan Type: ☐ Conventional ☐ FHA ☐ VA ☐ Other: \_\_\_\_\_  
Original Loan Amount: \$ \_\_\_\_\_  
Current Loan Balance: \$ \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ %  
Loan Term (Years): \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Payment Due Date: \_\_\_\_\_ (Day of Month)  
Escrowed Taxes & Insurance: ☐ Yes ☐ No

! NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### FLOOD INSURANCE (IF APPLICABLE)

Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Agent / Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Coverage Period: \_\_\_\_\_ to \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_  
Deductible Amount: \$ \_\_\_\_\_  
Building Coverage: \$ \_\_\_\_\_  
Contents Coverage: \$ \_\_\_\_\_

! NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### IMPORTANT DOCUMENTS

☐ Property Tax Bill  
☐ Property Insurance Policy Declarations Page  
☐ Flood Insurance Policy (if applicable)  
☐ Mortgage Statement  
☐ Escrow Analysis / Disclosure  
☐ Insurance Proof of Payment  
☐ Renewal Notices  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

! NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### ANNUAL REVIEW REMINDERS

- Review property tax assessments each year.
- Review insurance coverage annually to ensure adequate protection.
- Confirm payment due dates and set calendar reminders.
- Keep copies of all tax and insurance documents in this binder.



### DATE LAST REVIEWED

Date: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_



### NEXT REVIEW DUE

Date: \_\_\_\_\_  
Notes: \_\_\_\_\_



Document all improvements, upgrades, and modifications made to the property.



## IMPROVEMENT LOG

| DATE COMPLETED | DESCRIPTION OF IMPROVEMENT / UPGRADE | AREA OF PROPERTY | CONTRACTOR / VENDOR | COST | WARRANTY YES / NO | WARRANTY EXPIRATION DATE | NOTES |
|----------------|--------------------------------------|------------------|---------------------|------|-------------------|--------------------------|-------|
|                |                                      |                  |                     |      |                   |                          |       |
|                |                                      |                  |                     |      |                   |                          |       |
|                |                                      |                  |                     |      |                   |                          |       |
|                |                                      |                  |                     |      |                   |                          |       |
|                |                                      |                  |                     |      |                   |                          |       |
|                |                                      |                  |                     |      |                   |                          |       |

TOTAL INVESTED IN IMPROVEMENTS: \$ \_\_\_\_\_



## IMPROVEMENT CATEGORIES

Check all that apply for this improvement.

- ☐ Structural  
☐ Roofing  
☐ Siding / Exterior  
☐ Windows / Doors  
☐ HVAC  
☐ Electrical  
☐ Plumbing  
☐ Kitchen
- ☐ Bathroom  
☐ Flooring  
☐ Landscaping / Exterior  
☐ Deck / Patio / Porch  
☐ Security / Safety  
☐ Smart Home / Technology  
☐ Energy Efficiency  
☐ Other: \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## IMPROVEMENT DETAILS

Purpose of Improvement: \_\_\_\_\_

Problem Addressed / Goal Achieved: \_\_\_\_\_

Materials / Brand / Model (if applicable): \_\_\_\_\_

Permits Required: ☐ Yes ☐ No Permit #: \_\_\_\_\_

Inspections Required: ☐ Yes ☐ No Final Inspection Date: \_\_\_\_\_

Increase in Property Value (Est.): \$ \_\_\_\_\_

Return on Investment (Est.): \_\_\_\_\_ % Payback Period (Est.): \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## BEFORE & AFTER PHOTOS

BEFORE

AFTER



Attach additional photos if needed.



## RELATED DOCUMENTS

Attach or reference related documents.

- ☐ Invoice / Receipt  
☐ Contract / Agreement  
☐ Permit  
☐ Inspection Report  
☐ Warranty Information  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_
- Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_



## FINANCIAL IMPACT SUMMARY

Total Cost of Improvement: \$ \_\_\_\_\_  
 Increase in Property Value (Est.): \$ \_\_\_\_\_  
 Net Increase in Equity (Est.): \$ \_\_\_\_\_  
 Return on Investment (Est.): \_\_\_\_\_ %  
 Payback Period (Est.): \_\_\_\_\_



## ROI CALCULATION (ESTIMATED)

ROI Formula:  
 (Increase in Value – Cost of Improvement)  
 ÷ Cost of Improvement × 100

Estimated ROI:  
 \_\_\_\_\_ %



## FUTURE UPGRADES / PLANNED IMPROVEMENTS

| DESCRIPTION | ESTIMATED COST | TARGET DATE | PRIORITY (LOW / MED / HIGH) |
|-------------|----------------|-------------|-----------------------------|
|             |                |             |                             |
|             |                |             |                             |
|             |                |             |                             |



## NOTES & ADDITIONAL INFORMATION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# SECTION 11 CONTRACTOR & VENDOR INFORMATION

ELLIS PROPERTY GROUP LLC  
MANAGE. PROTECT. GROW.

Keep a list of trusted contractors and vendors.  
Update as needed and track performance.



## CONTRACTOR & VENDOR DIRECTORY

| TYPE / TRADE                                                                                        | COMPANY NAME | CONTACT PERSON | PHONE | EMAIL | LICENSE / INSURANCE | NOTES |
|-----------------------------------------------------------------------------------------------------|--------------|----------------|-------|-------|---------------------|-------|
|  General Contractor |              |                |       |       |                     |       |
|  HVAC               |              |                |       |       |                     |       |
|  Plumbing           |              |                |       |       |                     |       |
|  Electrical         |              |                |       |       |                     |       |
|  Roofing            |              |                |       |       |                     |       |
|  Landscaping       |              |                |       |       |                     |       |
|  Pest Control     |              |                |       |       |                     |       |
|  Cleaning         |              |                |       |       |                     |       |
|  Handyman         |              |                |       |       |                     |       |
|  Security         |              |                |       |       |                     |       |
|  Pool / Spa       |              |                |       |       |                     |       |
|  Appliances       |              |                |       |       |                     |       |
|  Other            |              |                |       |       |                     |       |
|  Other            |              |                |       |       |                     |       |



## INSURANCE & LICENSING CHECKLIST

| ITEM                                             | YES                      | NO                       | EXP. DATE |
|--------------------------------------------------|--------------------------|--------------------------|-----------|
| General Liability Insurance                      | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Workers' Compensation Insurance                  | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Professional Liability Insurance (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |           |
| State License                                    | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Local Permit (if required)                       | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Other: _____                                     | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Other: _____                                     | <input type="checkbox"/> | <input type="checkbox"/> |           |



## VENDOR PERFORMANCE TRACKER

| CRITERIA                      | RATING (1-5) |
|-------------------------------|--------------|
| Quality of Work               |              |
| Reliability / On-Time         |              |
| Communication                 |              |
| Cleanliness / Professionalism |              |
| Cost / Value                  |              |
| Overall Satisfaction          |              |
| Comments:                     |              |
| _____                         |              |
| _____                         |              |
| _____                         |              |
| _____                         |              |



## PREFERRED VENDOR AGREEMENTS

| VENDOR | SERVICE / TRADE | AGREEMENT TYPE<br>(ANNUAL / PROJECT / ON-CALL) | START DATE | END DATE | NOTES |
|--------|-----------------|------------------------------------------------|------------|----------|-------|
|        |                 |                                                |            |          |       |
|        |                 |                                                |            |          |       |
|        |                 |                                                |            |          |       |



## EMERGENCY CONTACTS (AFTER HOURS)

Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Electrician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 HVAC: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Roofing: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other: \_\_\_\_\_ Phone: \_\_\_\_\_



## SERVICE AGREEMENT RENEWAL TRACKER

| VENDOR | SERVICE / TRADE | RENEWAL DATE | STATUS<br>(PENDING / RENEWED) | NOTES |
|--------|-----------------|--------------|-------------------------------|-------|
|        |                 |              |                               |       |
|        |                 |              |                               |       |
|        |                 |              |                               |       |
|        |                 |              |                               |       |



## NOTES & ADDITIONAL INFORMATION

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ELLISPROPERTYGROUPLLC.COM



(630) 509-4983



INFO@ELLISPROPERTYGROUPLLC.COM

Document the move-out process, condition of the property, costs, and all communications.



## MOVE-OUT CHECKLIST

Property Address: \_\_\_\_\_  
 Tenant(s): \_\_\_\_\_  
 Move-Out Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

| TASK                                  | COMPLETED (Y / N)        | DATE COMPLETED |
|---------------------------------------|--------------------------|----------------|
| Tenant provided written notice        | <input type="checkbox"/> | _____          |
| Move-out inspection scheduled         | <input type="checkbox"/> | _____          |
| Move-out inspection completed         | <input type="checkbox"/> | _____          |
| Keys / access devices returned        | <input type="checkbox"/> | _____          |
| Utilities final readings obtained     | <input type="checkbox"/> | _____          |
| Mail forwarding address provided      | <input type="checkbox"/> | _____          |
| All personal property removed         | <input type="checkbox"/> | _____          |
| Property left broom clean             | <input type="checkbox"/> | _____          |
| Repairs / cleaning identified         | <input type="checkbox"/> | _____          |
| Photos taken                          | <input type="checkbox"/> | _____          |
| Security deposit accounting completed | <input type="checkbox"/> | _____          |
| Refund issued / sent                  | <input type="checkbox"/> | _____          |
| Tenant correspondence filed           | <input type="checkbox"/> | _____          |
| Final documentation filed             | <input type="checkbox"/> | _____          |


**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## PHOTO DOCUMENTATION

### BEFORE TENANT MOVE-OUT

  
PLACE PHOTO HERE

  
PLACE PHOTO HERE

  
PLACE PHOTO HERE
   
PLACE PHOTO HERE

  
PLACE PHOTO HERE
   
PLACE PHOTO HERE

### AFTER TENANT MOVE-OUT

  
PLACE PHOTO HERE
   
PLACE PHOTO HERE

  
PLACE PHOTO HERE
   
PLACE PHOTO HERE

  
PLACE PHOTO HERE
   
PLACE PHOTO HERE

**ADDITIONAL NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
 



## SECURITY DEPOSIT ACCOUNTING

Tenant(s): \_\_\_\_\_ Lease End Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Security Deposit Received: \$ \_\_\_\_\_

| DEDUCTIONS       |      |             |                     |
|------------------|------|-------------|---------------------|
| DESCRIPTION      | DATE | AMOUNT (\$) | RECEIPT / INVOICE # |
|                  |      |             |                     |
|                  |      |             |                     |
|                  |      |             |                     |
|                  |      |             |                     |
|                  |      |             |                     |
|                  |      |             |                     |
|                  |      |             |                     |
|                  |      |             |                     |
| TOTAL DEDUCTIONS |      | \$ _____    |                     |

| REFUND SUMMARY                                                                                                         |                 |
|------------------------------------------------------------------------------------------------------------------------|-----------------|
| Security Deposit Received                                                                                              | \$ _____        |
| Add: Interest (if applicable)                                                                                          | \$ _____        |
| Less: Total Deductions                                                                                                 | \$ _____        |
| <b>TOTAL REFUND DUE TO TENANT</b>                                                                                      | <b>\$ _____</b> |
| Date Refund Issued: _____                                                                                              |                 |
| Refund Method: <input type="checkbox"/> Check <input type="checkbox"/> Electronic <input type="checkbox"/> Other _____ |                 |
| Check / Transaction #: _____                                                                                           |                 |


**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## REPAIR INVOICES

| DATE               | VENDOR / CONTRACTOR | DESCRIPTION OF REPAIR | AMOUNT (\$) | INVOICE # |
|--------------------|---------------------|-----------------------|-------------|-----------|
|                    |                     |                       |             |           |
|                    |                     |                       |             |           |
|                    |                     |                       |             |           |
|                    |                     |                       |             |           |
|                    |                     |                       |             |           |
|                    |                     |                       |             |           |
|                    |                     |                       |             |           |
|                    |                     |                       |             |           |
| TOTAL REPAIR COSTS |                     |                       | \$ _____    |           |



## TENANT CORRESPONDENCE

| DATE | TO / FROM | METHOD (EMAIL / MAIL / TEXT / PHONE) | SUBJECT / SUMMARY | ACTION / FOLLOW-UP |
|------|-----------|--------------------------------------|-------------------|--------------------|
|      |           |                                      |                   |                    |
|      |           |                                      |                   |                    |
|      |           |                                      |                   |                    |
|      |           |                                      |                   |                    |
|      |           |                                      |                   |                    |

**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_