

Welcome to Jump Property Management

Please answer the following questions as accurately as possible. If you require assistance to complete this form, please let us know.

PROPERTY OWNER ONE (PRIMARY CONTACT)

Title:	First Name:	Last Name:	Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Preferred Name:	ABN (If Applicable):		Mobile:	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Address:	Suburb:		State:	Postcode:
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Business Address or email to appear on Tenant leases (Jump discourages the use of home addresses):				
<input type="text"/>				

PROPERTY OWNER TWO

Title:	First Name:	Last Name:	Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Preferred Name:	ABN (If Applicable):		Mobile:	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Address:	Suburb:		State:	Postcode:
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

RENTAL PROPERTY DETAILS

Address:	Suburb:		State:	Postcode:
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Council Area:	Rent Amount:			
<input type="text"/>	<input type="text"/>			
Strata/Community Title Number:	N/A	Manager Name:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Manager Contact Number:	Manager Email:			
<input type="text"/>	<input type="text"/>			

SMOKE ALARM SERVICES

I would like [Smoke Alarm Solutions](#) to manage the testing and compliance of my property. Cost is \$99 per annum

I have alternative arrangements for compliance

Smoke Alarm Organisation:

Contact Name:

INVOICE MANAGEMENT

Are there any other invoices you would like us to manage?

Yes

No

Service:

Council Rates

SA Water Rates

Strata

Other

Land Tax

Gardening

Building Insurance

Emergency Services Levy

Pool Maintenance

Landlord Insurance

If you would like us to pay any of these bills, please send us a copy of each so we can have them redirected to our office for payment.

MAINTENANCE SERVICES

I would like to pre-approve maintenance services up to a maximum value of to expedite maintenance issues.

BANK ACCOUNT DETAILS

Account Name:

BSB:

Account Number:

Branch / Institution:

INSURANCE

Building Insurance Provider:

Policy Number:

Expiry Date:

Landlord Insurance Provider:

Policy Number:

Expiry Date:

Contents Insurance Provider:

Policy Number:

Expiry Date:

Public Liability Insurance Provider:

Policy Number:

Expiry Date:

PET PREFERENCES

Are you open to pets?

Yes

No

Negotiable

EXCLUSIONS

Any parts of your property excluded / reserved for owner only?