



Hoffman Realty, LLC

3900 W. Dale Avenue, Tampa, Florida 33609

Checklist of items required at commencement of a Management Agreement with Hoffman Realty

- A fully executed Exclusive Rental Management Agreement signed by all owners of the property.
- A signed, witnessed and acknowledged Specific Power to Sign Lease completed by all owners of the property.
- A Solvency Statement signed by all owners of the property.
- Instructions to Insurance Agent letter completed.
- Proof of property ownership (deed, copy of public record or HUD1 statement). If an organization, proof that the person signing has the authority to sign on behalf of the organization.
- Proof of public liability insurance coverage on the property in an amount not less than \$300,000.00. (Declaration's Page).
- Current copy of all rules and regulations of the Condominium Association, Homeowner Association or Deed Restrictions.
- Current Application to the Condominium Association or Homeowner Association (if required).
- Copy of the furnishings inventory (if furnished).
- Completed copy of the New Property Data Sheet, signed by owner.
- W-9 and citizenship statement for US Citizens, or W-8ECI and ITIN number for Foreign Nationals.
- Four (4) full sets of keys for each door lock, plus two (2) mail keys, garage door openers, gate cards and security passes, if any.
- Lead paint disclosure (if built prior to 1978).
- \$100 check made payable to "Hoffman Realty" for the management set-up fee. This should be a separate check from the owner's property reserve check.

About the Specific Power of Attorney to Sign Lease.

Florida Power of Attorney Act requires Hoffman Realty to have a Specific Power of Attorney to place tenants, sign leases and/or manage your property completed as follows:

1. Signed by all the Landlord/Owners
2. Each Landlord/Owners signature requires TWO witnesses
3. The instrument must be acknowledged before a Notary Public.

We know that this very rigorous execution requirement is inconvenient for our Landlords. However, it is the law in Florida and we have no choice but to require it to manage your property. If you live locally and to assist you in completing this instrument, we are happy to schedule an appointment in our office where we can witness and our Notary can acknowledge the instrument for you.

Specific Power of Attorney to Sign Lease

Landlord(s)/Owner(s), hereinafter Landlord(s), hereby grants Broker or Broker's Agents **MaryAnn Hoffman, Andrew Dougill** or **Jeanette Hardy**, who hold current, valid real estate Salespersons or Brokers licenses, hereinafter Agent(s), the specific power of attorney to sign lease(s) and/or lease renewals (unless specifically not authorized by Landlord(s) in writing by certified mail at least 60 days prior to any renewal period) for and in behalf of Landlord(s) and thus bind Landlord(s) to the terms of the lease agreement(s). Landlord(s) agree that they alone own the managed properties and that there are no other undisclosed owners of the properties. Landlord(s) warrant that the Property to be managed is a legal rental unit and rental of same will not be in violation of any rules, laws, or ordinances. Landlord(s) agree to indemnify agent(s) in the event that the unit managed is not a legal rental unit or is in violation of any rules, codes, ordinances or laws.

Property Address _____

Landlord(s) name per Deed _____

Landlord

Landlord

Witness

Witness

Witness

Witness

____/____/____
DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF ____ 20__ THE ABOVE SIGNATORIES WHO DID NOT TAKE AN OATH AND ARE ____ PERSONALLY KNOWN TO ME OR ____ PRODUCED THE FOLLOWING FORM OF ID _____

NOTARY PUBLIC SIGNATURE

(SEAL HERE)

PRINTED NAME

COMMISSION # _____ COMMISSION EXPIRATION DATE ____/____/____

SOLVENCY STATEMENT

Date ____/____/____

I/we _____ hereinafter "Owner" of the property located at:

hereby state and affirm that all bills and money due on the premises are paid, current or not in any state of delinquency. These bills or amounts include but are not limited to liability insurance, taxes, mortgage payments, utilities, assessments, liens, condominium and/or homeowner's association fees, assessments, charges and/or any other charges relating to the premises including but not limited to any amount which may be due or owing to providers of goods or services for the home.

Owner agrees that in the event any dispute arises between a tenant and the Owner or agent as a result of Owner's failure to make any payments relative to the premises, Owner agrees to completely indemnify and hold harmless broker, agent, property managers, their employees, and assigns hereinafter "Broker" for any and all damages or litigation which may arise out of Owner's actions or inactions. Owner understands that a tenant has a right to peaceful quiet enjoyment of the premises and if Owner fails to keep all payments current, a tenant may have a right to withhold rent, break the lease agreement or hold Owner or agent liable for any damages they suffer as a result or Owner's failure to keep all payments current.

Owner gives Broker full authority to cease the management of the premises and hold Owner liable for any damages or amounts due under the management agreement if Owner misrepresents any information or fails to abide by this agreement and keep all payments current.

OWNER

OWNER

Form provided by
Law Offices of
Heist, Weisse & Lucrezi, P.A.
1 800 253 8428



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Electronic Funds Transfer (EFT) Authorization Form for Landlords

COMPANY
NAME ID: **HOFFMAN REALTY, LLC**

COMPANY TAX ID
NUMBER: **59- 3710439**

I (we) hereby authorize Hoffman Realty, LLC, hereinafter called COMPANY, to initiate EFT credit entries, and to initiate, if necessary, debit entries and adjustments for any EFT credit entries in error, to my (our) ___checking ___savings account (select one) indicated below, hereinafter called DEPOSITORY, per the terms of my (our) Exclusive Rental Management Agreement.

DEPOSITORY NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____

ACCOUNT NO: _____

LANDLORD'S TAX ID NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

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. I (we) also hereby warrant to COMPANY that I (we) have full legal authority to authorize EFT transactions to the account listed above, and I (we) acknowledge that the origination of EFT transactions to my (our) DEPOSITORY must comply with the provisions of U.S. law governing such transactions.

NAME(S): _____
(Please print)

DATE: _____ SIGNED X: _____

DATE: _____ SIGNED X: _____

Please write "VOID" across one of your checks and return to us with this Authorization Agreement.

In order for your funds to be directly deposited to your account, this form must be received by our office no later than two weeks prior to your first electronic funds transfer. No exceptions.



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Instructions to Insurance Agent

Purpose of letter: Instructions from our landlord to their insurance agent to ensure they have a suitable hazard policy for their rental property, minimum levels of public liability insurance and naming Hoffman Realty as an additional insured. Landlord is responsible to send this to their insurance agent after Hoffman Realty begins management of their property and/or when the property is first put into service as a rental property.

Insured: _____
Property: _____

Insurance Agent Information

Name: _____
Address: _____
Telephone: _____ Fax: _____
Email: _____

Dear Insurance Agent,

You are receiving these instructions from me/us as you are my/our insurance agent for the above named property. This Property is currently, or will soon become, a rental property. When the Property is put in service as a rental property, please ensure I/we have an appropriate hazard insurance policy that covers the property as tenant-occupied (not as owner-occupied).

I/we request this policy:

1. Be an ALL RISKS policy
2. Has a minimum of \$300,000 of public liability coverage
3. Names my property manager as an ADDITIONAL INSURED under the hazard policy and/or public liability policy that covers the Property, and on any subsequent renewals.

Hoffman Realty LLC's contact information is:

Hoffman Realty, LLC
3900 W. Dale Avenue
Tampa, FL 33609

Insured

Date

Insured

Date

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS

Lead Warning Statement- *Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead poisoning prevention.*

Lessor's Disclosure (initial)

_____ (a) Presence of lead-based paint or lead-based paint hazards (check one below):

_____ Lead-based paint and/or lead-based painting hazards are present in the housing (explain).

_____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

_____ (b) Records and reports available to the lessor (check one below):

_____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

_____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgement (initial)

_____ (c) Lessee has received copies of all information listed above.

_____ (d) Lessee has received the pamphlet ***Protect Your Family from Lead in Your Home.***

Agent's Acknowledgement (initial)

_____ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent of Lessor	_____ Date	_____ Agent	_____ Date