

ANNUAL RENTAL INFORMATION

Thank you for your interest in renting your property through Strand Management Group, LLC rental management program. We would welcome the opportunity to provide you with a professional rental management representation for your home.

A recognized leader in the Myrtle Beach rental market, Strand Management Group, LLC is committed to bringing you the same quality standards of service that have produced over 600 individually owned properties entrusted to our care. A fully diversified management company, we offer a full variety of rental options to include annual, seasonal and vacation rentals. All are backed by a professional staff dedicated to maximizing your rental income potential and maintaining the quality of your property.

For over ten years Strand Management Group, LLC formerly Beach Vacations has been involved in the successful rental of resort properties along the Coastal Carolinas with locations from Sunset Beach, NC to Pawley's Island, SC. As one of the largest individual rental companies in the Myrtle Beach area and our experience in this market, we feel confident your home will make an excellent addition to our rental program.

Enclosed for your review is additional information on our annual rentals and the services we provide. We extend a sincere invitation for you to participate in the program and assure you of our commitment to quality service. Please feel free to call me, Rosalie Strickland at 843-236-1353 x: 231 to personally discuss the advantages of our services for your home.

Our Services

Accounting Itemized monthly accounting statements and income checks are mailed or direct deposited promptly on the 15th of each month. A second check run goes out at the end of each month to any homeowner that had a tenant pay late rent. Year-end 1099 tax requirements are mailed in January of each year.

Maintenance Personal are on- call 24 hours a day to service any maintenance need whether it is an emergency repair or routine service. Our computerized work order system will track all details of any services performed on your property as well as alert our staff of any special requirements such as individual maintenance contracts, warranties and HOA property management contacts.

Management Fee There is a \$250.00 leasing fee that helps covers our advertising costs for any new tenant. This is deducted close to the first month of rental. A 12% monthly fee will be charged during the length of the lease. There is a \$50.00 fee for tenant renewals.

Reserve Fund A reserve fund of \$250.00 will be deducted close to the first month of rental. Due to foreclosures the company has had to absorb balance dues from owner accounts. This fund will be refunded if your unit is no longer on the program and there is no outstanding balance due.

Property Profile and Features

(Please fill out completely)

Name of Property Location: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Owner (1): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email Address: _____

Social Security # _____ Federal ID# _____

Owner (2): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email Address: _____

Social Security # _____ Federal ID# _____

Owner (3): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email Address: _____

Social Security # _____ Federal ID# _____

WARRANTY INFORMATION

Item _____ Warranty contact & Expiration Date _____

Item _____ Warranty contact & Expiration Date _____

<u>Date Completed</u>	<u>Service</u>	<u>Person or Company completed by</u>
	Paint	
	Flooring	
	Patio Screen	
	Kitchen Countertops	
	Furniture	
	Bathroom Vanity Tops	
	Kitchen Cabinets	
	Other	
	Other	

Golf Course View _____ Waterway View _____ No View _____ Exercise Room _____

Outdoor Pool _____ Indoor Pool _____ Jacuzzi _____ Tennis Courts _____ Elevator _____

Gated Community _____ Ocean View _____ Parking Lot View _____

Bedrooms _____ #Bathrooms _____

Bed Sizes (Master) _____ (2nd) _____ (3rd) _____ (4th) _____

Balcony _____ Screen Porch _____

Dishwasher _____ Disposal _____ Microwave _____ Ice maker _____ Sleeper Sofa _____

Washer/Dryer _____

Number of TV's w/Remote _____

Number of VCR's _____

Number of DVD's _____

Carpet (Color and Type) _____

Is the unit furnished or unfurnished _____

Heated Square Footage _____

What Floor is unit located _____

Outside Storage available to tenants _____

Inside Storage available to tenants _____

Do you allow pets? _____

Please understand on long term rentals small appliances; kitchenware, linen, pillows, curtains, shower curtains, vacuum, mops and brooms and items as such are not replaced after tenants. Tenants usually provide their own or purchase prior to moving in. By doing this it is less expense to you the owner. If you allow these types of items to remain in the unit, the owner will not be refunded for replacing these items. Please initial here after reading this statement _____ (initials please)

The requirements for Long Term Furnished units, ** this is all that is required, please remove all other items.

Kitchen

- Blinds
- Microwave
- Fire extinguisher under sink

Living Room

- TV with Remote
- TV stand (not a dresser please)
- Sofa
- 1 Chair or Love Seat
- 1 Lamp per end table
- 2 End Tables
- Blinds

Dining Room

- Table with 4 chairs
- Blinds

Master Bedroom

- King bed, Queen Bed
- Mattress Pads
- 2 night stands
- 1 lamp per night stand
- Blind
- Tall dresser

Guest Bedroom

- 2 Twin beds, Queen bed, or King bed
- 1 night stand
- 1 lamp per night stand
- Blind
- Tall Dresser

Miscellaneous

- Smoke Detector in each bedroom, living room, and kitchen
- Washer
- Dryer

**AUTOMATED CLEARING HOUSE (ACH)
AUTHORIZATION FORM
CREDIT AND OR DEBIT AUTHORIZATION**

Please complete the information below, attach a voided check

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Work/Cell: _____
Email Address: _____
Bank Routing Number : _____ (9 Digits)
Account Number: _____
Financial Institution Name: _____
 ACH Credit Entries Only ACH Debit Entries Only Both
ACH Credit and Debit Entries

As a convenience to me, I hereby request and authorize _____ and the financial institution named above to initiate electronic entries into/from my checking or savings account. PLEASE ATTACH A VOIDED CHECK (no deposit slips, or starter checks name must be printed on check). If it is a savings account, complete Financial Institution section in full only, also be sure to designate the account as a savings account so that there will not be any delay in your transaction.

I agree that your treatment of each entry shall be the same as if each such item were signed personally by me. I further agree that such authorization, unless previously terminated by me in writing, is to remain in effect until 5 business days after receipt by you of my written notification to cancel the authorization.

Signature: _____ Unit: _____

ATTACH ORIGINAL VOIDED CHECK