

PROPERTY MANAGEMENT AUTHORITY

I/we _____ (your full name/s) the owner/s of _____ (tenancy address) hereby authorise Ottow Burke and Associates Realty Ltd MREINZ to act as my Agent with respect to the management of my property as described in the attached schedule, in accordance with the terms and conditions below.

RESPONSIBILITIES OF THE AGENT

1. Arrange new tenancies as the need arises, sign Tenancy Agreements and liaise with Tenancy Services on behalf of the Owner.
2. Collect all rents as they fall due and pay them out to the Owner on the 1st and the 16th of the month. If these dates fall on a Public Holiday or a weekend then payment shall be made on the next business day.
3. Review the rent levels on a regular basis to ensure they reflect the current market conditions.
4. Inspect the property on termination of any tenancy prior to release of the bond.
5. Inspect the property on a three monthly basis to ensure its continued well being and proper usage.
6. Organise any repairs and maintenance as may be necessary to maintain the property to an acceptable level, on the following basis:

In any event to carry out any urgent repairs that may be necessary to protect the well being and rental potential of the property.

Unless otherwise specified by the Owner the contractors used shall be at the Agents discretion.

- The cost of any one repair not to exceed \$_____ (plus GST).
(Recommended sum \$250.00)
7. Appear at mediation and Tenancy Tribunal Hearings in accordance with the Residential Tenancies Act 1986 on the Owners behalf.
 8. Appoint a debt collection agency at the Agents discretion to pursue outstanding debts from defaulter tenants, and pay all associated fees on the Owners behalf.

RESPONSIBILITIES OF THE OWNER

1. Pay and remunerate the Agent for their services at the following rates:

• On all rents collected – Unfurnished Property	8.0%
• On all rents collected – Furnished Property	9.5%
• Inspection on end of tenancy	No charge
• Quarterly Inspection	\$35.00
• Arranging repairs and maintenance	8.0%
• Any other payments or disbursements as instructed (water rates, Body Corp Fees, Insurance Premiums)	8.0%
• Pre-settlement Inspection (Cosmetic Inspection Only)	\$150.00
• Baycorp Credit Checks	\$10.00
• Duplicate Copy of Statements	\$3.50

GST is to be added to all charges.

Fees and charges are to be deducted from rents collected. If no money is held, payment is to be made within 7 days of invoice.

2. Abide by all agreements reached in mediation and/or decisions of the Residential Tenancy Tribunal.
3. Attend to Maintenance and Repairs in a timely manner to ensure Property is kept up to standard.

TERMS AND CONDITIONS

1. The Owner accepts that, while the Agent shall use their best endeavors to ensure continuity of the rental and maintenance of the property, no liability rests with the Agent for any default in rent or other payments due by the tenant, or for any damage or loss sustained by the property or the Owner whether caused by the tenant or otherwise, and whether or not the tenancy has been arranged by us.
2. The Agent is not responsible in relation to any injury to people or damage to property as a result of the condition of the property, or any hazard on or about the property.
3. The signatory to this agreement acknowledges that, if they are not the sole Owner of the property, then they have the authority to act on the Owners behalf in making this appointment, and in any decisions affecting the property.
4. The Agent reserves the right to amend these terms and conditions, providing one month's written notice of any such amendments.
5. Either party may terminate this agency at any time, on one month's written notice.
6. Should The Owner cancel this contract prior to The Agent letting the property, The Owner hereby agrees to pay forthwith all The Agents current advertising and costs incurred in marketing the property for a tenant.

Signed:

_____	_____	____/____/____
OWNER NAME	SIGNATURE	DATE

_____	_____	____/____/____
OWNER NAME	SIGNATURE	DATE

_____	_____	____/____/____
FOR OTTOW BURKE & ASSC REALTY LTD MREINZ	SIGNATURE	DATE

SCHEDULE OF INFORMATION – OWNER DETAILS

Owners Full Name: _____

Postal Address: _____

Courier Address: _____

Phone - Business: _____

- Home _____

- Mobile _____

- Fax _____

- Email _____

Emergency Contact: Name: _____

Address: _____

Phone: _____

Bank & Branch: _____

Account Name: _____

Account Number: _____

Solicitor & Firm: _____

Phone: _____ Fax: _____

Email Address: _____

Insurance Company: _____

Policy Number: _____

Renewal Date: _____

Excess: \$ _____

(NOTE: If you do not have insurance details as of yet – please advise as soon as possible)

SCHEDULE OF INFORMATION – PROPERTY DETAILS

Address of Tenancy: _____

Minimum Rental: \$ _____ per week

Maximum No. Of Tenants : _____

No of Bedrooms: _____ No of Bathrooms: _____

Covered Carparks: _____ Uncovered Carparks: _____

Fenced: YES/NO Swimming Pool: YES/NO

Chimney: YES/NO Smoking Allowed: YES/NO

Pets Allowed: YES/NO if yes please specify _____

Lawn Maintenance: Tenant/Contractor Garden Maintenance: Tenant/Contractor

Water Rates Payment: To be paid by tenant

Chattels: (Please Tick where Applicable)

Dishwasher	Fridge/Freezer		
Washing Machine	Drier	Microwave	Rangehood
Waste Disposal	Alarm	Light Fittings	Fixed Floor Coverings
Blinds	Drapes	Curtains	

Other: (please list or supply a full list of Chattels) _____

Keys Supplied: (Please Tick where Applicable) Front Door

Back Door Other: (please list) _____

Garage Remotes Number of Remotes Supplied _____

Other Instructions: _____

