

GoodNight

HOME WHEREVER YOU GO

Office Number
(480) 562-6226

Scottsdale
15757 N. 78th Street, Suite B
Scottsdale, AZ 85260

Nashville
1033 Demonbreun St, Suite 300-109
Nashville, TN 37203

Homeowner Questionnaire

Please fill out this form to the best of your abilities. This will help GoodNight Stay optimize your listing and will help us to intimately get familiarized with your home.

Owner Full Name _____
Phone Number _____
Email Address _____
Mailing Address _____
Property Address _____
Preferred Communication Style _____

(Entry Access)

Entry Gate Code _____
Electronic Lock Code _____
Lock Box Code _____
Lobby Code _____
Garage Code _____
Alarm Code _____
Manager Closet Code _____
Safe Code _____

(Bookings)

Is the home photo ready? Yes No
Next available dates that photos can be taken? (Free of charge)

Twilight Shots (Additional fee incurred) Yes No
With a previous property manager before GNS? Yes No
Name of property manager? _____
Reason for leaving? _____
Are there existing bookings on the home or blocked off dates?

If HOA restricted, minimum nights allowed? _____

(Pets)

Are pets allowed? Yes No
If yes, how many? _____
Any other pet instructions? _____

***10-15% More occupancy for homes that accept pets**

(Home Information)

Luxury Amenity Instructions: (i.e. Home Theater, Pool Water Features, etc)

Local attractions near home to be featured on your listing: _____

(Internet)

Wi-Fi Login _____
Wi-Fi Password _____
Router Location _____
Speed _____
Internet Provider Account _____
Internet Provider Username _____
Internet Provider Password _____

(Streaming)

***We require SMART TV's**

Streaming Username _____
Streaming Password _____

(Parking)

EV Charging Station? Yes No
 Level 1 (110 volts, 3-5 miles per hour)
 Level 2 (220 volts, 12-35 miles per hour)
 Level 2, **Tesla Only** (220 volts, 12-35 miles per hour)
Does HOA allow street parking? Yes No
Will guests have access to the garage? Yes No
Spaces Available _____ Type _____
Parking Instructions _____

(Electric Services)

Vendor Name _____
Contact Information _____
Electric Service Provider Account _____
Electric Service Provider Username _____
Electric Service Provider Password _____

(Pool Services)

Vendor Name _____
Contact Information _____
Service Days _____
Pool Size _____ Type of Pool Heater _____
Pool Heat Fee _____ Spa Heat Fee _____ Combo Heat Fee _____
Pool Light Instructions ***(Any manuals would be helpful)**

(Landscape Services)

Vendor Name _____
Contact Information _____
Service Days _____

(Pest Control)

Vendor Name _____
Contact Information _____
Service Days _____

(Insurance)

Do you have Homeowner's Warranty? Yes No
Vendor Name _____
Contact Information _____

(Licensing - AZ Only)

STR License# _____
TPT License# _____
Maricopy County Registered Yes No

(Let Us Hear From You)

Home name in mind? _____
Any other questions, comments, and or concerns?

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(Appliance Brand Names)

Fridge _____
Oven _____ Single Double
Stove _____ Type _____ Burner Count _____
Washer _____
Dryer _____
Dishwasher _____
Microwave _____
Coffee Maker _____ Type _____
Thermostat _____
Fireplace _____ Type _____
Fire Pit _____ Type _____
Fire Pit Special Instructions _____

BBQ _____ Type _____
BBQ Special Instructions _____

TV Sizes/Brand _____

Streaming Services Available: Amazon Prime Apple TV Disney+
 Max Hulu Netflix Roku Cable

(Home Layout)

Sq. Footage _____ Bedrooms _____ Bathrooms _____
Bed Count: King _____ Queen _____ Full (Double) _____
Twin _____ Trundle _____ Other _____
Scenic Views _____
Year Built _____ Patio Light Instructions _____

(Amenities)

Child Cookware <input type="checkbox"/> Yes <input type="checkbox"/> No	Board Games <input type="checkbox"/> Yes <input type="checkbox"/> No
Child Dinner Sets <input type="checkbox"/> Yes <input type="checkbox"/> No	Reading Material <input type="checkbox"/> Yes <input type="checkbox"/> No
Toys <input type="checkbox"/> Yes <input type="checkbox"/> No	Playhouse <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguisher <input type="checkbox"/> Yes <input type="checkbox"/> No	First Aid Kit <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Size Games <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool Toys <input type="checkbox"/> Yes <input type="checkbox"/> No
Portable Fans <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Mattress <input type="checkbox"/> Yes <input type="checkbox"/> No
Pack'n Play <input type="checkbox"/> Yes <input type="checkbox"/> No	Highchair <input type="checkbox"/> Yes <input type="checkbox"/> No
Arcade Games <input type="checkbox"/> Yes <input type="checkbox"/> No	Events Allowed <input type="checkbox"/> Yes <input type="checkbox"/> No

Other _____

If events allowed, disclose cost _____

(Trash)

When is trash day? _____
Where are the trash bins located? _____

When is recycling day? _____
Where are the recycle bins located? _____

(Utilities)

Breaker Box Location _____
Fire Extinguisher Location _____
Water Heater Location _____
Water Shut Off Location _____

(Homeowners Association)

Vendor Name _____
Contact Information _____
Services Provided _____
Service Days _____

(Vacation Rental Smart Technology)

Does home have the following?
Electronic Lock Yes No
Cameras* Yes No (*Exterior Only Allowed)
Noise Monitoring Yes No
Smart Thermostat Yes No
Leak Detection Yes No
Door Sensors Yes No
Garage Door Link Yes No

(Essentials Home Specific Information)

Check-in Instructions _____

When will guests receive access information? _____

Check-out Instructions _____

Specific House Rules _____

