

RENTAL PROPERTY INFORMATION ADDENDUM

RPI

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of REALTORS® (PAR).

1. PROPERTY INFORMATION

Owner William D Cornwell, M Celeste Ferreira Cornwell
Property Address 214 N York St, Pottstown, PA 19464 FIRST FLOOR UNIT 1
Office House X Apartment Store
Occupant DENISE GEPHART
Monthly Rent \$ 850 Rent collected by X Owner/landlord Broker
Funds to be collected at the execution of lease: First month's rent Last month's rent
Term MONTH-TO-MONTH
Security Deposit \$ 725, held by X Owner/landlord Broker
Owner Telephone 610-996-3813 Occupant Telephone
Type/Style/Construction/Exterior Surfaces BRICK

Age of Building 120 years Known Approximate
Lot Size Zoning
Documents attached: Broker Variance Approval Special Exception Approval Rental License
Rental Registration Documents Permits Other

2. FLOOR PLAN

Basement/Ground Level 2 BATH, 3 BEDROOM, PASS THROUGH ROOM THAT COULD BE
First Level A DEN OR added BEDROOM
Second Level
Third Level
Garage

3. FLOORING

Hardwood Carpeting

4. KITCHEN

X Refrigerator Landlord owned Dishwasher
Garbage Disposal Trash Compactor
X Range/Oven and Fuel ELECTRIC Microwave

5. LAUNDRY

Facilities Hook Up NONE Clothes Washer
Dryer (Electric Gas Other) Utility Sink/Laundry Tub

6. OTHER FEATURES

Storm Door(s) Storm Window(s)
Blinds Insulation Glass/Windows
X Smoke Detector(s) Carbon Monoxide Detector(s)
X Fire Extinguisher(s) Window Treatment and Hardware
Ceiling Fan(s)

7. PLUMBING

Sump Pump Water Softener/Conditioner

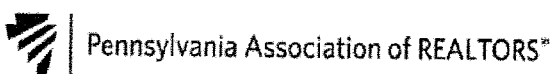
8. HEATING AND COOLING

Heat Type NATURAL GAS ROOM HEATERS + ELECTRIC BASE BOARD Fireplace
Central Air Conditioning Wood/Coal Stove
Air Conditioning Units

9. ELECTRIC

Satellite Dish Cable TV
Security System Phone Jacks
Type (Fuses Circuit Breakers) (AMP) Garage Openers
Electronic Access

Owner Initials: BC MCF



UNIT 1

55 10. EXTERIOR

56 Porch/Deck _____ Patio _____

57 Pool _____ Fencing OWNERSHIP UNKNOWN

58 Outbuilding(s) _____ Garage(s) _____

59 _____

60 11. LAND IMPROVEMENTS AND SERVICES

61 Water Public Community Well _____ Private Well _____

62 Sewer Public On site (type) _____

63 Trash Collection Public Private _____ Other _____

64 Recycling Public Private _____ Other _____

65 Streets/Road Public Private _____ Common _____

66 Driveways Public Private _____ Common _____

67 Shared Maintenance Agreement _____ Access Agreement _____

68 Sidewalks Public Private _____

69 Alleys Public Private _____

70 Other _____

71 _____

72 12. UTILITIES AND SERVICES

Landlord	Tenant	Landlord	Tenant
pays	pays	pays	pays
<input type="checkbox"/>	<input type="checkbox"/> Cooking Gas/Fuel	<input type="checkbox"/>	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/>	<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>	<input type="checkbox"/> Cable/Satellite Television
<input type="checkbox"/>	<input checked="" type="checkbox"/> Heat <u>NATURAL GAS/ELECTRIC</u> (type)	<input type="checkbox"/>	<input type="checkbox"/> Condominium/Homeowners Association Fee
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hot Water <u>ELECTRIC</u> (type)	<input type="checkbox"/>	<input type="checkbox"/> Parking Fee
<input checked="" type="checkbox"/>	<input type="checkbox"/> Cold Water	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Maintenance of Common Areas
<input checked="" type="checkbox"/>	<input type="checkbox"/> Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/> Pest/Rodent Control
<input checked="" type="checkbox"/>	<input type="checkbox"/> Recycling Removal	<input type="checkbox"/>	<input type="checkbox"/> Bed Bugs
<input checked="" type="checkbox"/>	<input type="checkbox"/> Sewage Fees	<input type="checkbox"/>	<input checked="" type="checkbox"/> Snow/Ice Removal
<input type="checkbox"/>	<input type="checkbox"/> Sewer Maintenance	<input type="checkbox"/>	<input type="checkbox"/> Telephone Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Heater Maintenance	<input type="checkbox"/>	<input type="checkbox"/> Lawn and Shrubbery Care
<input type="checkbox"/>		<input type="checkbox"/>	

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86 Comments: LANDLORD PROVIDES LAWN MOWING - TRANSFERS WITH SALE

87 TENANT CUTS LAWN + REMOVES SNOW

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89 13. PETS

90 Permitted, with additional non-refundable fees of \$ _____ per month AND a flat fee of \$ _____

91 Restrictions on pets are: _____

92 Not permitted

93 14. ADDITIONAL COMMENTS AND REMARKS

94 TENANT HAS A SMALL LIZARD/REPTILE IN TERRARIUM (ABOUT 12 INCHES)

95 _____

96 _____

97 _____

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99 _____

100 OWNER [Signature] William D Cornwell DATE 8/1/21

101 OWNER [Signature] M Celeste Ferreira Cornwell DATE 8/1/21

102 OWNER _____ DATE _____

103 ACCEPTED BY _____

104 BROKER (COMPANY NAME) Realty One Group Restore - Collegeville

105 ACCEPTED BY _____

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1. PROPERTY INFORMATION

Owner William D Cornwell, M Celeste Ferreira Cornwell
Property Address 214 N York St, Pottstown, PA 19464 SECOND FLOOR UNIT 2
Occupant SHARLENE BARRETO
Monthly Rent \$ 825 Rent collected by [X] Owner/landlord [] Broker
Term MONTH - To - MONTH
Security Deposit \$ 825 held by [X] Owner/landlord [] Broker
Owner Telephone 610-996-3813 Occupant Telephone
Type/Style/Construction/Exterior Surfaces BRICK
Age of Building 120 YEARS [] Known [X] Approximate
Documents attached: [] Broker [] Variance Approval [] Special Exception Approval [] Rental License [] Rental Registration Documents [] Permits [] Other

2. FLOOR PLAN

Basement/Ground Level
First Level
Second Level 2 Bedroom, 1 Bath
Third Level
Garage

3. FLOORING

[] Hardwood [X] Carpeting

4. KITCHEN

[X] Refrigerator Landlord owned
[] Garbage Disposal
[X] Range/Oven and Fuel ELECTRIC
[] Dishwasher
[] Trash Compactor
[] Microwave

5. LAUNDRY

[] Facilities Hook Up NONE
[] Dryer ([] Electric [] Gas [] Other)
[] Clothes Washer
[] Utility Sink/Laundry Tub

6. OTHER FEATURES

[] Storm Door(s) [] Storm Window(s)
[X] Blinds [] Insulation Glass/Windows
[X] Smoke Detector(s) [X] Carbon Monoxide Detector(s)
[X] Fire Extinguisher(s) [] Window Treatment and Hardware
[] Ceiling Fan(s)

7. PLUMBING

[] Sump Pump [] Water Softener/Conditioner

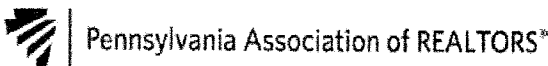
8. HEATING AND COOLING

[X] Heat Type NATURAL GAS ROOM HEATERS + ELECTRIC BASE BOARD [] Fireplace
[] Central Air Conditioning [] Wood/Coal Stove
[] Air Conditioning Units

9. ELECTRIC

[] Satellite Dish [] Cable TV
[] Security System [] Phone Jacks
[] Type ([] Fuses [] Circuit Breakers) (_____ AMP) [] Garage Openers
[] Electronic Access

Owner Initials: BC mfc



UNIT 2

55 10. EXTERIOR

56 Porch/Deck _____ Patio _____

57 Pool _____ Fencing OWNERSHIP UNKNOWN

58 Outbuilding(s) _____ Garage(s) _____

59 _____

60 11. LAND IMPROVEMENTS AND SERVICES

61 Water Public Community Well _____ Private Well _____

62 Sewer Public On site (type) _____

63 Trash Collection Public Private _____ Other _____

64 Recycling Public Private _____ Other _____

65 Streets/Road Public Private _____ Common _____

66 Driveways Public Private _____ Common _____

67 Shared Maintenance Agreement _____ Access Agreement _____

68 Sidewalks Public Private _____

69 Alleys Public Private _____

70 Other _____

72 12. UTILITIES AND SERVICES

73	Landlord	Tenant	Landlord	Tenant
74	pays	pays	pays	pays
75	<input type="checkbox"/>	<input type="checkbox"/> Cooking Gas/Fuel	<input type="checkbox"/>	<input type="checkbox"/> Air Conditioning
76	<input type="checkbox"/>	<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>	<input type="checkbox"/> Cable/Satellite Television
77	<input type="checkbox"/>	<input checked="" type="checkbox"/> Heat <u>NATURAL GAS/ELECTRIC</u> (type)	<input type="checkbox"/>	<input type="checkbox"/> Condominium/Homeowners Association Fee
78	<input type="checkbox"/>	<input checked="" type="checkbox"/> Hot Water <u>ELECTRIC</u> (type)	<input type="checkbox"/>	<input type="checkbox"/> Parking Fee
79	<input checked="" type="checkbox"/>	<input type="checkbox"/> Cold Water	<input checked="" type="checkbox"/>	<input type="checkbox"/> Maintenance of Common Areas
80	<input checked="" type="checkbox"/>	<input type="checkbox"/> Trash Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/> Pest/Rodent Control
81	<input checked="" type="checkbox"/>	<input type="checkbox"/> Recycling Removal	<input type="checkbox"/>	<input type="checkbox"/> Bed Bugs
82	<input checked="" type="checkbox"/>	<input type="checkbox"/> Sewage Fees	<input type="checkbox"/>	<input checked="" type="checkbox"/> Snow/Ice Removal
83	<input type="checkbox"/>	<input type="checkbox"/> Sewer Maintenance	<input type="checkbox"/>	<input type="checkbox"/> Telephone Service
84	<input checked="" type="checkbox"/>	<input type="checkbox"/> Heater Maintenance	<input type="checkbox"/>	<input type="checkbox"/> Lawn and Shrubbery Care
85	<input type="checkbox"/>		<input type="checkbox"/>	

86 Comments: LANDLORD PROVIDES MOWER - TRANSFERS WITH SALE

87 TENANT CUTS LAWN + REMOVES SNOW

89 13. PETS

90 Permitted, with additional non-refundable fees of \$ _____ per month AND a flat fee of \$ _____

91 Restrictions on pets are: _____

92 Not permitted

93 14. ADDITIONAL COMMENTS AND REMARKS

94 _____

95 _____

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99 _____

100 OWNER [Signature] William D Cornwell DATE 8/1/21

101 OWNER [Signature] M Celeste Ferreira Cornwell DATE 8/1/21

102 OWNER _____ DATE _____

103 ACCEPTED BY _____

104 BROKER (COMPANY NAME) Realty One Group Restore - Collegeville

105 ACCEPTED BY _____

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1 **1. PROPERTY INFORMATION**
2 Owner William D Cornwell, M Celeste Ferreira Cornwell
3 Property Address 214 N York St, Pottstown, PA 19464 REAR, ABOVE GARAGE - UNIT 3
4 Office House Apartment Store
5 Occupant ANGELA COLEMAN
6 Monthly Rent \$ 650 Rent collected by Owner/landlord Broker
7 Funds to be collected at the execution of lease: First month's rent Last month's rent
8 Term MONTH-TO-MONTH
9 Security Deposit \$ 550, held by Owner/landlord Broker
10 Owner Telephone 610-996-3813 Occupant Telephone _____
11 Type/Style/Construction/Exterior Surfaces STUCCO
12
13 Age of Building 120 YEARS Known Approximate
14 Lot Size _____ Zoning _____
15 Documents attached: Broker Variance Approval Special Exception Approval Rental License
16 Rental Registration Documents Permits Other _____
17 **2. FLOOR PLAN**
18 Basement/Ground Level _____
19 First Level _____
20 Second Level 2 BED, 1 BATH
21 Third Level _____
22 Garage _____
23 **3. FLOORING**
24 Hardwood _____ Carpeting _____
25 _____ _____
26 **4. KITCHEN**
27 Refrigerator LANDLORD OWNED Dishwasher _____
28 Garbage Disposal _____ Trash Compactor _____
29 Range/Oven and Fuel ELECTRIC Microwave _____
30 _____ _____
31 **5. LAUNDRY**
32 Facilities Hook Up NONE Clothes Washer _____
33 Dryer (Electric Gas Other) _____ Utility Sink/Laundry Tub _____
34 _____ _____
35 **6. OTHER FEATURES**
36 Storm Door(s) _____ Storm Window(s) _____
37 Blinds _____ Insulation Glass/Windows _____
38 Smoke Detector(s) _____ Carbon Monoxide Detector(s) _____
39 Fire Extinguisher(s) _____ Window Treatment and Hardware _____
40 Ceiling Fan(s) _____ _____
41 **7. PLUMBING**
42 Sump Pump _____ Water Softener/Conditioner _____
43 _____ _____
44 **8. HEATING AND COOLING**
45 Heat Type FORCED HOT AIR - OIL Fireplace _____
46 Central Air Conditioning _____ Wood/Coal Stove _____
47 Air Conditioning Units _____ _____
48 **9. ELECTRIC**
49 Satellite Dish _____ Cable TV _____
50 Security System _____ Phone Jacks _____
51 Type (Fuses Circuit Breakers) (_____ AMP) Garage Openers _____
52 Electronic Access _____ _____
53 _____ _____

54 Owner Initials BC MCF

RPI Page 1 of 2
Revised 7/13

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Pennsylvania Association of REALTORS®

7/13

UNIT 3

55 10. EXTERIOR

56 Porch/Deck _____ Patio _____

57 Pool _____ Fencing _____

58 Outbuilding(s) _____ Garage(s) OWNERS STORAGE

60 11. LAND IMPROVEMENTS AND SERVICES

61 Water Public Community Well _____ Private Well _____

62 Sewer Public On site (type) _____

63 Trash Collection Public Private _____ Other _____

64 Recycling Public Private _____ Other _____

65 Streets/Road Public Private _____ Common _____

66 Driveways Public Private _____ Common _____

67 Shared Maintenance Agreement _____ Access Agreement _____

68 Sidewalks Public Private _____

69 Alleys Public Private _____

70 Other _____

72 12. UTILITIES AND SERVICES

Landlord pays	Tenant pays	Landlord pays	Tenant pays
<input type="checkbox"/>	<input type="checkbox"/> Cooking Gas/Fuel	<input type="checkbox"/>	<input type="checkbox"/> Air Conditioning
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>	<input type="checkbox"/> Cable/Satellite Television
<input type="checkbox"/>	Heat <u>OIL</u> (type)	<input type="checkbox"/>	<input type="checkbox"/> Condominium/Homeowners Association Fee
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Hot Water <u>ELECTREC</u> (type)	<input type="checkbox"/>	<input type="checkbox"/> Parking Fee
<input checked="" type="checkbox"/>	<input type="checkbox"/> Cold Water	<input type="checkbox"/>	<input type="checkbox"/> Maintenance of Common Areas
<input checked="" type="checkbox"/>	<input type="checkbox"/> Trash Removal	<input type="checkbox"/>	<input type="checkbox"/> Pest/Rodent Control
<input checked="" type="checkbox"/>	<input type="checkbox"/> Recycling Removal	<input type="checkbox"/>	<input type="checkbox"/> Bed Bugs
<input checked="" type="checkbox"/>	<input type="checkbox"/> Sewage Fees	<input type="checkbox"/>	<input type="checkbox"/> Snow/Ice Removal
<input type="checkbox"/>	<input type="checkbox"/> Sewer Maintenance	<input type="checkbox"/>	<input type="checkbox"/> Telephone Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Heater Maintenance	<input type="checkbox"/>	<input type="checkbox"/> Lawn and Shrubbery Care

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86 Comments: NEW OIL BURNER - 2019

87 OIL \$ 2078 (PAST 12 MONTHS)

89 13. PETS

90 Permitted, with additional non-refundable fees of \$ _____ per month AND a flat fee of \$ _____

91 Restrictions on pets are: _____

92 Not permitted

93 14. ADDITIONAL COMMENTS AND REMARKS

94 _____

95 _____

96 _____

97 _____

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99 _____

100 OWNER [Signature] William D Cornwell DATE 8/1/21

101 OWNER [Signature] M Celeste Ferreira Cornwell DATE 8/1/21

102 OWNER _____ DATE _____

103 ACCEPTED BY _____

104 BROKER (COMPANY NAME) Realty One Group Restore - Collegeville

105 ACCEPTED BY _____



Utility Information Sheet

Property Address: 214 North York St. Units 1 + 2
(Front Building)

Electric:

Service Provider: PECO Phone #: _____
Monthly Bill: \$ 28 OWNERS BOX

Heating:

Type of Heating (Main): _____ Tank Size: _____
Monthly Bill: \$ _____
Service Provider: _____ Phone #: _____

Sewer:

Public Sewer (YES) / NO
Service Provider: Borough Phone #: _____
Billing Cycle (M/Q/Y): quarterly Bill Amount: \$ 247

Water:

Public Water? (YES) / NO
Service Provider: Borough Phone #: _____
Billing Cycle (M/Q/Y): quarterly Bill Amount: \$ 167
Type of Water Heating (ELECTRIC) / GAS / OIL / OTHER: _____

Trash:

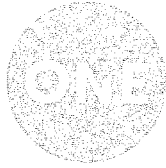
Service Provider: Borough Phone #: _____
Choice in Provider? YES / (NO)
Billing Cycle (M/Q/Y): quarterly Bill Amount: \$ 158

Miscellaneous:

Billing Cycle (M/Q/Y): _____ Bill Amount: \$ _____

HOA/Condo Association:

HOA/ Condo Association? YES / (NO)
Association Name: _____ Phone #: _____
Billing Cycle (M/Q/Y): _____ Bill Amount: \$ _____
Capital Contribution Fee: \$ _____
Services Included: _____



Utility Information Sheet

Property Address: 214 North York St. UNIT 3
(REAR)

Electric:

Service Provider: _____ Phone #: _____
Monthly Bill: \$ _____

Heating:

Type of Heating (Main): oel Tank Size: 250 gal?
Monthly Bill: \$ 2,078 (PAST 12 MONTHS)
Service Provider: OEHLETT Phone #: _____

Sewer:

Public Sewer? YES / NO
Service Provider: Borough Phone #: _____
Billing Cycle (M/Q/Y): quarterly Bill Amount: \$ 115

Water:

Public Water? YES / NO
Service Provider: Borough Phone #: _____
Billing Cycle (M/Q/Y): quarterly Bill Amount: \$ 95
Type of Water Heating: ELECTRIC / GAS / OIL / OTHER: _____

Trash:

Service Provider: Borough Phone #: _____
Choice in Provider? YES / NO
Billing Cycle (M/Q/Y): quarterly Bill Amount: \$ 79

Miscellaneous:

Billing Cycle (M/Q/Y): _____ Bill Amount: \$ _____

HOA/Condo Association:

HOA/ Condo Association? YES / NO
Association Name: _____ Phone #: _____
Billing Cycle (M/Q/Y): _____ Bill Amount: \$ _____
Capital Contribution Fee: \$ _____
Services Included: _____