



Outlying Area Income Property Home Inspection and Maintenance Agreement

This agreement is entered into this ____ day of _____, _____. The agreement is by and between Second Home Care (Agent) and _____ (Owner). The home or condominium that the service is to be provided for under this agreement is located at the following address: _____ (Unit). The agreement is for this Unit only. The Owner desires Second Home Care to provide routine maintenance and inspections (per program chosen) of the Unit listed above and the Agent is willing to provide such maintenance and inspections. Both the Agent and Owner are subject to the following terms and conditions hereby set forth.

Services: Second Home Care shall provide a variety of services and inspections depending on option chosen on page 2. The Owner shall allow Second Home Care and its employees to enter the residence to perform an inspection, report, and/or maintenance on the property. This includes both the interior and exterior of the Unit. Should an emergency arise, Second Home Care has permission to repair, replace, or attempt to prevent further damage from occurring without the approval of the Owner. It is hereby agreed that, at the discretion of Second Home Care, that any emergency expenditure of \$_____ or less can be initiated by Second Home Care without the consent of the Owner.

At the request of the Owner, Second Home Care shall arrange and coordinate labor if outside help is needed. In the case of plumbing, electricity, propane, and other services, outside labor may be used. The Agent may perform any of its services through contractors and sub-contractors as the Agent deems proper and necessary. Any services provided through Second Home Care gives Second Home Care the right to hire and discharge all outside contractors and sub-contractors.

Terms of Agreement: This agreement is valid from the ____ day of _____, _____ to the ____ day of (until notice given). This agreement may be terminated by either party upon a thirty day written notice to the other party. Upon termination of this agreement, the Owner is responsible for all charges incurred up to the point of the termination. The billing is monthly and a written inspection check and report will be provided with each statement if requested by the Owner. The Owner has fifteen days to settle the statement or a finance charge may be imposed and/or services will be halted.

Fees: Owner agrees to pay the following monthly fee of:

___\$195 for 4weekly inspections **OR** ___\$165 for bi-monthly inspections **OR** ___\$125 for 1x month inspection **OR** _____\$75 for hold status **OR** OTHER_____

Add spa service _____\$85 2X, \$145 4X OTHER:_____

All fees are subject to change at any time with written notification. The monthly fee includes program assigned inspections and a report to be sent by the 1st week of the next month. Additional services above and beyond the monthly fee will be added to the statement if additional services are provided. Should the Agent advance funds for repair or maintenance, the Owner shall, upon demand, reimburse the Agent for such advances and expenses. The monthly billing statement will be sent to the Owner’s permanent residence OR provided email.

Indemnity: The Owner hereby agrees to indemnify Second Home Care and its employees or sub-contractors from any damages, loss, liability, suits, claims or any accidents that may arise while under agreement including, but not limited to, liability for personal injury and/or property damage unless such loss or liability is due to the sole negligence of the Agent.

Keys and Alarm: The Owner shall provide Second Home Care with four (4) sets of keys to the Unit as well as any security alarm codes. If an alarm is present, it is the responsibility of the Owner to notify the alarm company to allow access to the Unit for Second Home Care and its employees.

Additional information: If the Owner prefers to use their current contractors and sub-contractors for plumbing, electric, gas/propane, snow removal, an alarm, or other maintenance needs, the name and phone number of the service people must be included below. Second Home Care will then use the following service people if the need arises. If the following can not be reached an alternate may be used by Second Home Care.

The following primary service people include:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Second Home Care
17400 Northwood
Blvd. Suite 3
Truckee, CA 96161

Owner: _____
Mailing
Address: _____

Phone: (530) 582-0220
Fax: (530) 550-0220
E-mail:
shc@secondhomecare.com

Home Phone: _____
Work Phone: _____
Fax: _____
Mobile: _____
Local Phone: _____
E-mail: _____**
Property Address: _____

**email is the prime source of monthly statement/invoicing unless specified different by owner

If you would like to pay your monthly bill with a credit card please fill in that info here: mc/visa only
Card # _____ **exp** _____ **sec code** _____ **name on card** _____
Billing address if different than above: _____
Automatic billing _____ (yes or no)

The signature of both the Agent and Owner validates this agreement from the day and year written above.

Agent: _____

Owner: _____

Date: _____

Second Home Care, Inc. Instructions

NAME: _____
Mailing Address: _____
Property Address: _____
Phone #'s: _____
Email address: _____
Garage code: _____ Lockbox: _____ ALARM: _____ Other: _____
Owner's or Supply Closet? _____ Access? _____
(if a key is required SHC must have copies if we are to access for supplies)

1. Do you turn water off in the winter _____? Summer _____?
2. Water shut off is located? Special tool?: _____
3. Are there any irrigation valves that need to be turned off in the winter? _____
4. Breaker box located? _____
5. We do not recommend changing the setting of the hot water heater, okay? _____
6. Heat temperature desired? _____ (vacant/close) _____ (upon arrival if we open)
7. Do you add anti-freeze to the toilets or drains? _____
(Owners must supply anti-freeze for unit, if there is none, SHC will supply anti-freeze and charge the owner at cost)
8. In winter do you want to be considered for our automatic shovel list? BASIC (entrance, front of garage, bear bin) _____ or ALL: (BASIC + decks, stairs, & any required areas) _____
_____ Jen Approved _____
9. Do you want us to change batteries (not including smoke detector batteries) or light bulbs and charge you accordingly? _____ If yes, will you supply? _____
10. Do you want us to change smoke detector batteries? _____
(SHC will upgrade you to 5 year smoke & CO2 detector per Town ordinance. SHC will charge the owner accordingly)
11. If no to battery change, if we find them beeping do we change? _____ Initial you are aware we will upgrade your system to the 5 year smoke and CO2 detector per Town ordinance _____
12. Circle below which Annual and Bi-Annual programs you want to participate in.

ANNUAL Pest Control Window Cleaning Carpet Cleaning Defensible Space Dryer Vent Cleaning Furnace Tune up Fireplace Tune up & Chimney Sweep	Bi-ANNUAL Furnace Filters Will you stock _____ Furnace Filter Size _____ Open/Close Foundation Vents Bring deck furniture in/out Board windows (put up and take down)
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13. Do you want SHC to automatically fill your supplies and charge you accordingly? If yes, which ones?

14. Where are supplies kept (light bulbs, batteries, etc) _____
15. Do you need us to check the Tahoe Donner passes each time we come? _____
If yes, where are they kept? _____ #: _____
16. If you have an outdoor BBQ are we to clean? _____ check propane/fill? _____
17. Special Cleaning Requests: _____

18. Special Instructions: _____

Second Home Care, Inc. Instructions
SPA Care Instructions

Do you want chlorine supplied by Second Home Care if it is not available?
_____yes _____no

If you choose no, please be aware that your spa would be vulnerable to chemical changes. _____initial

If you want to supply the chlorine for your spa, where is it located?

Please acknowledge by initially below charges are not included in your spa program.

Chlorine bottle \$25 each _____initial

Filters are \$35 each _____initial

Extra spa checks are \$50 each _____initial

Dump & Scrub are \$130+ depending on spa and time _____initial

There is an additional surcharge of \$_____ if your water is not in the same location as your spa.

Please sign that you understand the terms above.

Signature _____
Date

Spa Brand: _____

Filter Size: _____

of Filters: _____



NAME: _____

ADDRESS: _____

SUPPLIES TO ALWAYS BE RESTOCKED
 (please place an X to indicate you want it stocked)

TOILET PAPER		DISH SOAP	
PAPER TOWEL		DISHWASHER SOAP	
KLEENEX		KITCHEN SPONGES	
KITCHEN TRASH BAGS		LAUNDRY SOAP	
RECYLCE BAGS		FABRIC SOFTNER	
BLACK LARGE BAGS		DRYER SHEETS	
COMPACTOR BAGS		LIQUID HAND SOAP	
SHAMPOO		HAND LOTIONS	
CONDITIONER		AIR FRESHNERS	

BASIC CLEANING REQUIREMENTS

17400 Northwoods Blvd., Ste. 3
 Truckee, California 96161
 Office: 530-582-0220 Fax: 530-550-0220
 E-mail: shc@secondhomecare.com