

MULTI-FAMILY LISTING INPUT FORM
 Items with an *asterisk are required fields

MLS#: _____

General Information

***Status:**

<input type="checkbox"/> Incomplete	<input type="checkbox"/> Active	<input type="checkbox"/> Coming Soon- On Market Date:	<input type="checkbox"/> Non-Listed Sold
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***Street Number:** _____

Street Direction:

<input type="checkbox"/> N	<input type="checkbox"/> NE	<input type="checkbox"/> E	<input type="checkbox"/> SE	<input type="checkbox"/> S	<input type="checkbox"/> SW	<input type="checkbox"/> W	<input type="checkbox"/> NW
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***Street Name:** _____

Street Suffix Type:

<input type="checkbox"/> Avenue	<input type="checkbox"/> Bend	<input type="checkbox"/> Boulevard	<input type="checkbox"/> Circle	<input type="checkbox"/> Court
<input type="checkbox"/> Cove	<input type="checkbox"/> Crest	<input type="checkbox"/> Drive	<input type="checkbox"/> Gardens	<input type="checkbox"/> Glen
<input type="checkbox"/> Green	<input type="checkbox"/> Heights	<input type="checkbox"/> Highway	<input type="checkbox"/> Knoll	<input type="checkbox"/> Landing
<input type="checkbox"/> Lane	<input type="checkbox"/> Loop	<input type="checkbox"/> Manor	<input type="checkbox"/> Meadow	<input type="checkbox"/> Meadows
<input type="checkbox"/> Park	<input type="checkbox"/> Parkway	<input type="checkbox"/> Passage	<input type="checkbox"/> Place	<input type="checkbox"/> Road
<input type="checkbox"/> Street	<input type="checkbox"/> Square	<input type="checkbox"/> Terrace	<input type="checkbox"/> Trace	<input type="checkbox"/> Trail
<input type="checkbox"/> Way				

Unit #: _____

***Town:** _____

***County:** _____

***State:** _____

***Zip Code:** _____

Zip Code + 4: _____

***List Price:** _____

***List Date:** _____

***Expire Date:** _____

***Subject To:**

<input type="checkbox"/> Agent Owned	<input type="checkbox"/> Auction	<input type="checkbox"/> Corporate Addendums	<input type="checkbox"/> Court Approval	<input type="checkbox"/> HUD Owned
<input type="checkbox"/> Possible Short Sale	<input type="checkbox"/> REO – Bank Owned	<input type="checkbox"/> Approved Short Sale	<input type="checkbox"/> To Be Built	<input type="checkbox"/> Not Applicable

***Prop Sub Type:**

<input type="checkbox"/> Apartments	<input type="checkbox"/> Duplex	<input type="checkbox"/> Three-Plex	<input type="checkbox"/> Four-Plex
<input type="checkbox"/> Multi-Unit House	<input type="checkbox"/> Package of Single Family Hm	<input type="checkbox"/> Other	

***Parcel ID:** _____

Additional Parcel ID: _____

***Lot:** _____ ***Block:** _____ ***Apx Heated SqFt:** _____

***SqFt Source:**

<input type="checkbox"/> Agent Measured	<input type="checkbox"/> Appraisal	<input type="checkbox"/> Builder	<input type="checkbox"/> Court House	<input type="checkbox"/> Plans and Specs	<input type="checkbox"/> Seller
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***Apx Year Built:** _____

Age Desc:

<input type="checkbox"/> 25 Years or Older	<input type="checkbox"/> Resale (25 Years or Less)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Age Unknown
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New Construction: Yes No

Apx. Completion Date: _____

***Acres:** _____

Lot Dimensions: _____

***Taxes Amount:** _____

Deed Rest/Covenant Y/N: Yes No

***Legal:** _____

Zoning:

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Multi Family
<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential Office

Exclusions: _____

***Subdivision:** _____

Seller Disclosure YN: Yes No

Contingency:

<input type="checkbox"/> Contact Agent	<input type="checkbox"/> Continue to Show	<input type="checkbox"/> Escape Clause in Contract
<input type="checkbox"/> First Right	<input type="checkbox"/> See Remarks	<input type="checkbox"/> Take Backup Offers

#Hrs First Right of Refusal: _____

Financing Available:

<input type="checkbox"/> ARMConv	<input type="checkbox"/> FHA	<input type="checkbox"/> Fixed Conv	<input type="checkbox"/> Other-Specify In Remarks
<input type="checkbox"/> Owner	<input type="checkbox"/> Rural Development	<input type="checkbox"/> VA	

For Rent: Yes No

*Total Units: _____

Virtual Tour Link: _____

Brokerage Information

*List Agent Name (MLS ID): _____

Co List Agent (MLS ID): _____

*Buyer Agent Fee: _____ *Variable: Yes No***Agency/Listing Type:**

<input type="checkbox"/> Exclusive Agency	<input type="checkbox"/> Exclusive Right to Sell	<input type="checkbox"/> Limited Service Listing	<input type="checkbox"/> MLS Entry Only Listing
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***Showing Instructions:**

<input type="checkbox"/> 2hr Notice	<input type="checkbox"/> 4hr Notice	<input type="checkbox"/> 12hr Notice	<input type="checkbox"/> 24hr Notice
<input type="checkbox"/> Apmt Only	<input type="checkbox"/> Call Appt Center	<input type="checkbox"/> Call List Agent	<input type="checkbox"/> Call List Office
<input type="checkbox"/> Key In Office	<input type="checkbox"/> Leavecard	<input type="checkbox"/> List Agent Present	<input type="checkbox"/> Lockbox-Combo
<input type="checkbox"/> Lockbox-SentriLock	<input type="checkbox"/> Lockbox-Supra	<input type="checkbox"/> No Appt. Required	<input type="checkbox"/> No Key
<input type="checkbox"/> Occupied	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Pets-See Remarks	<input type="checkbox"/> Sign In
<input type="checkbox"/> Special Situation	<input type="checkbox"/> Tenant Occupied	<input type="checkbox"/> Vacant	

Exempted Name Prospects: Yes No

Call to Show: _____

Lockbox: _____

*Allow Address Display: Yes No*Internet OK: Yes No *Allow VOW: Yes No *Allow Blogging: Yes NoAllow Auto Valuation: Yes No List Agent Credit: _____ Co List Agent Credit: _____

Direct Contact: _____

Property Information*Basement: Yes No**Basement Description:**

<input type="checkbox"/> Cellar	<input type="checkbox"/> Finished	<input type="checkbox"/> Full	<input type="checkbox"/> None
<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Partial	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Walk-Out

Type/Style:

<input type="checkbox"/> Cabin	<input type="checkbox"/> Cape	<input type="checkbox"/> Chalet/a Frame	<input type="checkbox"/> Colonial
<input type="checkbox"/> Condominium	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Cottage/Camp	<input type="checkbox"/> Country
<input type="checkbox"/> Craftsman	<input type="checkbox"/> Double-Wide	<input type="checkbox"/> Earthen Built	<input type="checkbox"/> Estate
<input type="checkbox"/> European	<input type="checkbox"/> Farmhouse	<input type="checkbox"/> Federal	<input type="checkbox"/> Fixer Upper
<input type="checkbox"/> French Provincial	<input type="checkbox"/> Georgian	<input type="checkbox"/> Historic	<input type="checkbox"/> Log Home
<input type="checkbox"/> Modular	<input type="checkbox"/> Oriental	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Ranch
<input type="checkbox"/> Saltbox	<input type="checkbox"/> Single-Wide	<input type="checkbox"/> Spanish	<input type="checkbox"/> Split Level
<input type="checkbox"/> Straw Bale	<input type="checkbox"/> Traditional	<input type="checkbox"/> Tudor	<input type="checkbox"/> Victorian
<input type="checkbox"/> Williamsburg			

***Levels:**

<input type="checkbox"/> One Level	<input type="checkbox"/> Two Levels	<input type="checkbox"/> Three Levels	<input type="checkbox"/> Split Level	<input type="checkbox"/> Tri-Level
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*Garage/Carport Capacity: _____

*Garage Carport Location:

<input type="checkbox"/> Attached	<input type="checkbox"/> Detached	<input type="checkbox"/> None	<input type="checkbox"/> Other
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*Garage/Carport Type:

<input type="checkbox"/> Carport	<input type="checkbox"/> Carport/Garage	<input type="checkbox"/> Garage	<input type="checkbox"/> None	<input type="checkbox"/> Other
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*Parking:

<input type="checkbox"/> 1 Car Unit	<input type="checkbox"/> 2 Car Unit	<input type="checkbox"/> Assigned	<input type="checkbox"/> Assigned Parking	<input type="checkbox"/> Attached Garage
<input type="checkbox"/> Carport	<input type="checkbox"/> Covered	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Lot	<input type="checkbox"/> None
<input type="checkbox"/> On Street	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> RV Parking		

*Driveway:

<input type="checkbox"/> Aggregate	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Brick	<input type="checkbox"/> Circular Drive	<input type="checkbox"/> Concrete
<input type="checkbox"/> Gravel	<input type="checkbox"/> None	<input type="checkbox"/> Patterned Concrete	<input type="checkbox"/> Tar & Gravel	<input type="checkbox"/> Unpaved

*Flood Zone: No Unknown Yes

Flood Insurance Required: No Unknown Yes

Frontage: _____

Leases: Yes No

In City Limit YN: Yes No

Income/Expenses

*Annual Gross Income: _____

Net Operating Income: _____

*Potential Gross Income: _____

Effective Gross Income: _____

Annual Expenses: _____

Complex Information

Complex Information:

	# Units	Average SqFt	Average Rent	Full baths	Half Baths
1 BR					
2 BR					
3 BR					

Complex Includes:

<input type="checkbox"/> Air Condition	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Heat	<input type="checkbox"/> Sewer	<input type="checkbox"/> Water
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Units Information

Unit Type:

<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedrooms	<input type="checkbox"/> 3 Bedrooms	<input type="checkbox"/> 4 Bedrooms
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Full Bath: _____

Half Bath: _____

SqFt: _____

Rent: _____

Unit Includes:

<input type="checkbox"/> Air Condition	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Heat	<input type="checkbox"/> Sewer	<input type="checkbox"/> Water
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Tenant Pays:

<input type="checkbox"/> Cable	<input type="checkbox"/> CAM	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas
<input type="checkbox"/> Heat	<input type="checkbox"/> Insurance	<input type="checkbox"/> None	<input type="checkbox"/> Other-Specify in Remarks
<input type="checkbox"/> Phone	<input type="checkbox"/> Air Condition	<input type="checkbox"/> POA	<input type="checkbox"/> Sanitation
<input type="checkbox"/> Sewer	<input type="checkbox"/> Taxes	<input type="checkbox"/> Water	<input type="checkbox"/> Water / Sewer

Interior Information:

Appliances:

<input type="checkbox"/> Built In Separate	<input type="checkbox"/> Convectional	<input type="checkbox"/> Countertop	<input type="checkbox"/> Dishwasher
<input type="checkbox"/> Double Oven	<input type="checkbox"/> Electric Cooktop	<input type="checkbox"/> Electric Dryer	<input type="checkbox"/> Electric Oven
<input type="checkbox"/> Electric Range	<input type="checkbox"/> Energy Star	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Gas Cooktop
<input type="checkbox"/> Gas Dryer	<input type="checkbox"/> Gas Oven	<input type="checkbox"/> Gas Range	<input type="checkbox"/> Glass Cooktop
<input type="checkbox"/> Hood	<input type="checkbox"/> Ice Machine	<input type="checkbox"/> Microwave	<input type="checkbox"/> Microwave Vent
<input type="checkbox"/> None	<input type="checkbox"/> Other-Specify in Remarks	<input type="checkbox"/> Propane Cooktop	<input type="checkbox"/> Propane Dryer
<input type="checkbox"/> Propane Oven	<input type="checkbox"/> Propane Range	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Self Cleaning Oven
<input type="checkbox"/> Trash Compactor	<input type="checkbox"/> Vent a Hood	<input type="checkbox"/> Vented	<input type="checkbox"/> Ventless
<input type="checkbox"/> Washer			

***Floor Covering:**

<input type="checkbox"/> Bamboo	<input type="checkbox"/> Brick	<input type="checkbox"/> Carpet	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Concrete	<input type="checkbox"/> Cork
<input type="checkbox"/> Laminate	<input type="checkbox"/> Marble	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Parquet	<input type="checkbox"/> Polished Concrete	<input type="checkbox"/> Reclaimed
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood Laminate			

Windows:

<input type="checkbox"/> Double Pane	<input type="checkbox"/> Energy Efficient Coating	<input type="checkbox"/> Energy Star	<input type="checkbox"/> Metal	<input type="checkbox"/> Other-Specify In Remarks
<input type="checkbox"/> Single Pane	<input type="checkbox"/> Storm	<input type="checkbox"/> Triple Pane	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood

***Foundation:**

<input type="checkbox"/> Anchor and Hitch	<input type="checkbox"/> Block	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete Slab
<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Insulating Concrete Forms	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Pole
<input type="checkbox"/> Skirt	<input type="checkbox"/> Stone	<input type="checkbox"/>	

***Equipment:**

<input type="checkbox"/> Antenna	<input type="checkbox"/> Built-In Ironing Board	<input type="checkbox"/> Central Vacuum	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Garage Door Opener
<input type="checkbox"/> Intercom System	<input type="checkbox"/> Keyless Entry	<input type="checkbox"/> None	<input type="checkbox"/> Satellite	<input type="checkbox"/> Security System
<input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Wired for Sound		

Number of Fireplaces: _____

Fireplace:

<input type="checkbox"/> 2-Sided	<input type="checkbox"/> Bedroom	<input type="checkbox"/> Electric Logs	<input type="checkbox"/> Family Room	<input type="checkbox"/> Free Standing
<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Gas Starter	<input type="checkbox"/> Insert	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Living Room
<input type="checkbox"/> None	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Pellet Stove	<input type="checkbox"/> Wood Burning	<input type="checkbox"/> Wood Stove

Fireplace Level: _____

***Number of Heat Systems:** _____

***Heating Systems:**

<input type="checkbox"/> Baseboard	<input type="checkbox"/> Central	<input type="checkbox"/> Commercial	<input type="checkbox"/> Electric	<input type="checkbox"/> Energy Star	<input type="checkbox"/> Floor Furnace
<input type="checkbox"/> Gas	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Humidifier	<input type="checkbox"/> None	<input type="checkbox"/> Other
<input type="checkbox"/> Propane	<input type="checkbox"/> Radiator	<input type="checkbox"/> Radiant	<input type="checkbox"/> Solar	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Wood Stove

Utilities:

<input type="checkbox"/> Antenna	<input type="checkbox"/> Cable	<input type="checkbox"/> DSL	<input type="checkbox"/> Electric	<input type="checkbox"/> Electric Available
<input type="checkbox"/> Fiber Optic	<input type="checkbox"/> Gas Available	<input type="checkbox"/> Gas Not Available	<input type="checkbox"/> Gas Propane	<input type="checkbox"/> Gas Public
<input type="checkbox"/> Generator	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Propane	<input type="checkbox"/> Rural Water-Tap PD	<input type="checkbox"/> Rural Water – Tap Needed
<input type="checkbox"/> Satellite	<input type="checkbox"/> Septic	<input type="checkbox"/> Septic Needed	<input type="checkbox"/> Sewer	<input type="checkbox"/> Sewer None
<input type="checkbox"/> Sewer Private	<input type="checkbox"/> Sewer Public	<input type="checkbox"/> Sewer Public Available	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> STEP -Septic Tank Effluent Pumping
<input type="checkbox"/> Telephone	<input type="checkbox"/> Water None	<input type="checkbox"/> Water Private	<input type="checkbox"/> Water Public	<input type="checkbox"/> Water Public Available
<input type="checkbox"/> Water Well				

Solar Panel Owner:

<input type="checkbox"/> Entire Home Owned	<input type="checkbox"/> Partial Home Owned	<input type="checkbox"/> Entire Home Leased	<input type="checkbox"/> Partial Home Leased
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Generator Owner:

<input type="checkbox"/> Entire Home Owned	<input type="checkbox"/> Partial Home Owned	<input type="checkbox"/> Entire Home Leased	<input type="checkbox"/> Partial Home Leased
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Insulation:

<input type="checkbox"/> Cellulose	<input type="checkbox"/> Foam	<input type="checkbox"/> High R Value Ceiling
<input type="checkbox"/> High R Value Floors	<input type="checkbox"/> High R Value Walls	<input type="checkbox"/> Structural Insulated Panels

*Number of A/C: _____

***Air Condition:**

<input type="checkbox"/> Attic Fan	<input type="checkbox"/> Central	<input type="checkbox"/> Electric	<input type="checkbox"/> Energy Star
<input type="checkbox"/> Gas	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> High SEER
<input type="checkbox"/> None	<input type="checkbox"/> OT	<input type="checkbox"/> Solar	<input type="checkbox"/> Window Unit
<input type="checkbox"/> Zone			

Energy Rating / Certification:

<input type="checkbox"/> Energy Star Qualified New Home	<input type="checkbox"/> HERS Rating	<input type="checkbox"/> LEED for Homes	<input type="checkbox"/> NAHB/NGBS-ICC 700
<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	

Specialty Rooms:

<input type="checkbox"/> Bonus Room	<input type="checkbox"/> Dark Room	<input type="checkbox"/> Exercise Room	<input type="checkbox"/> Extra Storage
<input type="checkbox"/> Game Room	<input type="checkbox"/> Garage Apartment	<input type="checkbox"/> Great Room	<input type="checkbox"/> In-Law Apartment
<input type="checkbox"/> Library / Study / Office	<input type="checkbox"/> Media Room	<input type="checkbox"/> Mud Room	<input type="checkbox"/> Music Room
<input type="checkbox"/> Sauna / Steam	<input type="checkbox"/> Second Living Room	<input type="checkbox"/> Second Master Bdrm	<input type="checkbox"/> Spa / Hot Tub
<input type="checkbox"/> Sunroom	<input type="checkbox"/> Unfinished Bonus Rm	<input type="checkbox"/> Wine Cellar	

*Number of Water Heaters: _____

***Water Heater:**

<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Hot Water Recirculation	<input type="checkbox"/> None
<input type="checkbox"/> On Demand (In-line)	<input type="checkbox"/> Other Type	<input type="checkbox"/> Propane	<input type="checkbox"/> Solar
<input type="checkbox"/> Tankless			

*Disabled Access YN: Yes No**Handicap Amenities:**

<input type="checkbox"/> Elevator	<input type="checkbox"/> Handrails	<input type="checkbox"/> Lower Fixtures	<input type="checkbox"/> Meets ADA Requirements
<input type="checkbox"/> Other	<input type="checkbox"/> Ramp	<input type="checkbox"/> Wheelchair Access	<input type="checkbox"/> Wide Doorways

POA Includes:

<input type="checkbox"/> Call Lister	<input type="checkbox"/> Common Utilities	<input type="checkbox"/> Exterior Maintenance	<input type="checkbox"/> Heat
<input type="checkbox"/> Insurance	<input type="checkbox"/> Lawn	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Management
<input type="checkbox"/> Other	<input type="checkbox"/> Security	<input type="checkbox"/> See Remarks	<input type="checkbox"/> Sewer
<input type="checkbox"/> Snow Removal	<input type="checkbox"/> Trash Pick Up	<input type="checkbox"/> TV/Cable	

*Washer: _____

*Dryer: _____

*Surveillance: Yes No*Security System: Yes No**Equipment Held By:**

<input type="checkbox"/> Lease	<input type="checkbox"/> Other (See Remarks)	<input type="checkbox"/> Own	
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Exterior Information

***Exterior:**

<input type="checkbox"/> Aluminum Siding	<input type="checkbox"/> Brick	<input type="checkbox"/> Cedar
<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Concrete Siding	<input type="checkbox"/> Earth Shelter
<input type="checkbox"/> Exterior Insulation Finishing System	<input type="checkbox"/> Frame	<input type="checkbox"/> Log Siding
<input type="checkbox"/> Masonite Siding	<input type="checkbox"/> Metal Siding	<input type="checkbox"/> Other-Specify In Remarks
<input type="checkbox"/> Redwood	<input type="checkbox"/> Rock	<input type="checkbox"/> Steel
<input type="checkbox"/> Stucco	<input type="checkbox"/> Tile Wall	<input type="checkbox"/> Vinyl Siding

***Lot Description:**

<input type="checkbox"/> Cleared	<input type="checkbox"/> Consider Subdivide	<input type="checkbox"/> Corner	<input type="checkbox"/> Cul-De-Sac
<input type="checkbox"/> Curbing	<input type="checkbox"/> Forest	<input type="checkbox"/> Hardwoods	<input type="checkbox"/> In Subdivision
<input type="checkbox"/> Landscaped	<input type="checkbox"/> Level	<input type="checkbox"/> Not In Subdivision	<input type="checkbox"/> Open
<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Out of City	<input type="checkbox"/> Orchard	<input type="checkbox"/> Resort Property
<input type="checkbox"/> Right of Way	<input type="checkbox"/> Rolling	<input type="checkbox"/> Rural Property	<input type="checkbox"/> Secluded
<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Sloped	<input type="checkbox"/> South Facing	<input type="checkbox"/> Steep
<input type="checkbox"/> Timberland	<input type="checkbox"/> View	<input type="checkbox"/> Vineyard	<input type="checkbox"/> Will Subdivide
<input type="checkbox"/> Wooded	<input type="checkbox"/> Zero Lot Line		

***Lot Location:**

<input type="checkbox"/> Busy Street	<input type="checkbox"/> Near Business District	<input type="checkbox"/> Near Fire Station	<input type="checkbox"/> Near Hospital
<input type="checkbox"/> Near Industrial Park	<input type="checkbox"/> Near National Forest	<input type="checkbox"/> Near Office Park	<input type="checkbox"/> Near Park
<input type="checkbox"/> Near Schools	<input type="checkbox"/> Near Shopping Center	<input type="checkbox"/> Near State Park	<input type="checkbox"/> Rail Road Access
<input type="checkbox"/> Near Trails			

Trail Type:

<input type="checkbox"/> Biking	<input type="checkbox"/> Frontage	<input type="checkbox"/> Greenway	<input type="checkbox"/> Mountain Biking
<input type="checkbox"/> Paved	<input type="checkbox"/> Unpaved	<input type="checkbox"/> Walking	

Landscaped:

<input type="checkbox"/> All	<input type="checkbox"/> Front	<input type="checkbox"/> None	<input type="checkbox"/> Professional Landscaped
<input type="checkbox"/> Rain Collection System	<input type="checkbox"/> Rear	<input type="checkbox"/> Side	

***Fencing:**

<input type="checkbox"/> 1 Side	<input type="checkbox"/> 2 Side	<input type="checkbox"/> 3 Side	<input type="checkbox"/> Backyard
<input type="checkbox"/> Chain Link	<input type="checkbox"/> Front Yard	<input type="checkbox"/> Front/Rear	<input type="checkbox"/> Iron (Metal)
<input type="checkbox"/> None	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Partial	<input type="checkbox"/> Picket
<input type="checkbox"/> Rock Wall	<input type="checkbox"/> Split Rail	<input type="checkbox"/> Total	<input type="checkbox"/> Vinyl
<input type="checkbox"/> Wire	<input type="checkbox"/> Wood Privacy	<input type="checkbox"/> Yes	

***Roof:**

<input type="checkbox"/> Architectural Shingle	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Built Up Roof	<input type="checkbox"/> Cedar Shake
<input type="checkbox"/> Concrete Tile	<input type="checkbox"/> Fiberglass Shingle	<input type="checkbox"/> Living Roof	<input type="checkbox"/> Metal Roofing
<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Reflective Roof Coating	<input type="checkbox"/> Slate	<input type="checkbox"/> Solar Shingle
<input type="checkbox"/> Tile Roof			

Water/Lake Property:

<input type="checkbox"/> Co-Owned Boat Dock	<input type="checkbox"/> Community Boat Slip	<input type="checkbox"/> Creek/Stream/Spring	<input type="checkbox"/> Lake Area
<input type="checkbox"/> Lake Front	<input type="checkbox"/> Lake View	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Pond
<input type="checkbox"/> Private Boat Dock	<input type="checkbox"/> River Front	<input type="checkbox"/> River View	<input type="checkbox"/> Seasonal View
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Wet Weather Creek	<input type="checkbox"/> Zoned for Boat Dock	

Lake: _____

Patio:

<input type="checkbox"/> Balcony	<input type="checkbox"/> Brick	<input type="checkbox"/> Covered
<input type="checkbox"/> Deck	<input type="checkbox"/> Enclosed	<input type="checkbox"/> None
<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Partial	<input type="checkbox"/> Patio
<input type="checkbox"/> Porch	<input type="checkbox"/> Rock	<input type="checkbox"/> Screen
<input type="checkbox"/> Stone		

Community Information:

School District: _____

Aso/Condo Fee YN: Yes No

ASO/POA Fee Dues: _____

POA Name: _____

POA Phone: _____

ASO Paid Frequency:

<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> None	<input type="checkbox"/> Quarterly
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***Roads:**

<input type="checkbox"/> Common	<input type="checkbox"/> County Road	<input type="checkbox"/> Highway	<input type="checkbox"/> No Road
<input type="checkbox"/> Other	<input type="checkbox"/> Private	<input type="checkbox"/> Public	<input type="checkbox"/> Surface Dirt
<input type="checkbox"/> Surface Gravel	<input type="checkbox"/> Surface Paved		

Community Amenities:

<input type="checkbox"/> Boat Dock	<input type="checkbox"/> Club House	<input type="checkbox"/> Exercise Room	<input type="checkbox"/> Gated Community
<input type="checkbox"/> Horse Stable	<input type="checkbox"/> Park	<input type="checkbox"/> Playground	<input type="checkbox"/> Pool
<input type="checkbox"/> Private Security	<input type="checkbox"/> Rec Room	<input type="checkbox"/> Spa / Sauna	<input type="checkbox"/> Tennis
<input type="checkbox"/> Trails			

Golf Course:

<input type="checkbox"/> Adjacent	<input type="checkbox"/> Area	<input type="checkbox"/> Golf Front	<input type="checkbox"/> Golf View
<input type="checkbox"/> Near Clubhouse	<input type="checkbox"/> Private	<input type="checkbox"/> Public	<input type="checkbox"/> Subdivision

Amenities:

<input type="checkbox"/> Attic Storage	<input type="checkbox"/> Blinds	<input type="checkbox"/> Built-Ins	<input type="checkbox"/> Cathedral Ceiling
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Ceramic Tile Counters	<input type="checkbox"/> Concrete Counters	<input type="checkbox"/> Corian Counters
<input type="checkbox"/> Drapes	<input type="checkbox"/> Eat-In-Kitchen	<input type="checkbox"/> Energy Star Appliances	<input type="checkbox"/> Granite Counters
<input type="checkbox"/> Home Warranty	<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Ice Maker Connection	<input type="checkbox"/> LED Lighting
<input type="checkbox"/> None	<input type="checkbox"/> Other-Specify In Rmrks	<input type="checkbox"/> Pantry	<input type="checkbox"/> Passive Solar Design
<input type="checkbox"/> Plantation Shutters	<input type="checkbox"/> Programmable Thermostat	<input type="checkbox"/> Quartz Counters	<input type="checkbox"/> Recycled Materials
<input type="checkbox"/> Recycling Curbside	<input type="checkbox"/> RV Parking	<input type="checkbox"/> Skylight	<input type="checkbox"/> Smart Home
<input type="checkbox"/> Solar Tube	<input type="checkbox"/> Split Floor Plan	<input type="checkbox"/> Walk-In Closets	<input type="checkbox"/> Washer/Dryer Connection
<input type="checkbox"/> Wet Bar	<input type="checkbox"/> Woodstove		

Remarks Information

*Directions: _____

Internal Remarks: _____

*Public Remarks: _____

MLS Remarks: _____

Auction Information

Type: Absolute Reserve

Date: _____

Time: _____

Location: _____

Terms/Condition: _____

Status Change: Information

*Date:	<input type="checkbox"/> Pending	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Leased/Rented	<input type="checkbox"/> Sold/Closed
*Date:	<input type="checkbox"/> Pending	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Leased/Rented	<input type="checkbox"/> Sold/Closed
*Date:	<input type="checkbox"/> Pending	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Leased/Rented	<input type="checkbox"/> Sold/Closed

*Sale Price: _____

Appraiser Name: _____

Appraiser Phone: _____

Buyer Name: _____

*Selling Agent Name: _____

*Selling Office: _____

Co Selling Agent Name: _____

Co Selling Office: _____