

RESIDENTIAL RENTAL 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: North	<input type="checkbox"/> NE: Northeast	<input type="checkbox"/> E: East	<input type="checkbox"/> SE: Southeast
<input type="checkbox"/> S: South	<input type="checkbox"/> SW: Southwest	<input type="checkbox"/> W: West	<input type="checkbox"/> NW: Northwest

***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: _____

***Monthly Rent Amount:** _____

***List Date:** _____

***Expire Date:** _____

***Subject To:**

<input type="checkbox"/> Agent Owned	<input type="checkbox"/> Auction	<input type="checkbox"/> Corporate Addendum	<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

***Property Sub Type:**

<input type="checkbox"/> Condo	<input type="checkbox"/> Apartments	<input type="checkbox"/> Duplex	<input type="checkbox"/> Three-Plex
<input type="checkbox"/> Four-Plex	<input type="checkbox"/> Single Family	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Multi-Unit House
<input type="checkbox"/> Townhouse			

***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 of Older	<input type="checkbox"/> Resale (less than 25 years old)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Age Unknown
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New Construction YN: Yes No ***Acres:** _____

Lot Dimensions: _____ **Subdivision:** _____

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: _____

Virtual Tour Link: _____

Brokerage Information

***List Agent Name (MLS ID):** _____

Co List Agent Name (MLS ID): _____

***Rental Commission:** _____

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"/> Leave Card
<input type="checkbox"/> List Agent Present	<input type="checkbox"/> Lockbox – Combo	<input type="checkbox"/> Lockbox – SentiLock	<input type="checkbox"/> Lockbox – Supra	<input type="checkbox"/> No Apmt Required
<input type="checkbox"/> No Key	<input type="checkbox"/> Occupied	<input type="checkbox"/> Other-Specify in Rmrks	<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 Named Prospects: Yes No

Lockbox: _____

*Internet Ok: Yes No*Allow Blogging: Yes No*Allow Auto Valuation: Yes No

Co List Agent Credit: _____

Call to Show: _____

*Allow Address Display: Yes No*Allow VOW: Yes No

List Agent Credit: _____

Direct Contact: _____

Property Information

*No. of Bedrooms: _____ *No. of Full Baths: _____

*No. of Half Baths: _____ 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 Rmrks	<input type="checkbox"/> Partial	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Walk-Out

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 Spot Available: _____

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
<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> RV Parking		

Project Name: _____

Pets: Negotiable No YesSmoking: Negotiable No Yes**Swimming Pool:**

<input type="checkbox"/> Above Ground	<input type="checkbox"/> In-Ground	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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In City Limit YN: Yes No**Rooms Information**

Room Name	Dimensions	Level: (Circle Appropriate Value)			
Bedroom		Basement	Main	Second	Third
Bedroom		Basement	Main	Second	Third
Bedroom		Basement	Main	Second	Third
Bedroom		Basement	Main	Second	Third

Bedroom		Basement	Main	Second	Third
Bonus Room		Basement	Main	Second	Third
Dark Room		Basement	Main	Second	Third
Den/Office		Basement	Main	Second	Third
Eat-In Kitchen		Basement	Main	Second	Third
Exercise Room		Basement	Main	Second	Third
Family Room		Basement	Main	Second	Third
Full Bath		Basement	Main	Second	Third
Full Bath		Basement	Main	Second	Third
Full Bath		Basement	Main	Second	Third
Formal Dining Room		Basement	Main	Second	Third
Game Room		Basement	Main	Second	Third
Garage		Basement	Main	Second	Third
Garage Apartment		Basement	Main	Second	Third
Great Room		Basement	Main	Second	Third
Half Bath		Basement	Main	Second	Third
Half Bath		Basement	Main	Second	Third
Half Bath		Basement	Main	Second	Third
In-Law Apartment		Basement	Main	Second	Third
Kitchen		Basement	Main	Second	Third
Library / Study		Basement	Main	Second	Third
Living Room		Basement	Main	Second	Third
Media Room		Basement	Main	Second	Third
Master Bedroom		Basement	Main	Second	Third
Master Bath		Basement	Main	Second	Third
Mud Room		Basement	Main	Second	Third
Music Room		Basement	Main	Second	Third
Other Room		Basement	Main	Second	Third
Sauna / Steam		Basement	Main	Second	Third
Second Living Room		Basement	Main	Second	Third
Second Master Bedroom		Basement	Main	Second	Third
Sunroom		Basement	Main	Second	Third
Unfinished Bonus Room		Basement	Main	Second	Third
Utility Room		Basement	Main	Second	Third
Wine Cellar		Basement	Main	Second	Third
Workshop		Basement	Main	Second	Third
Extra Storage		Basement	Main	Second	Third

Interior Features

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			

*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

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 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

Energy Rating / Certification:

<input type="checkbox"/> Energy Star Qualified	<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	

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		

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 Requirement
<input type="checkbox"/> Other	<input type="checkbox"/> Ramp	<input type="checkbox"/> Wheelchair Access	<input type="checkbox"/> Wide Doorways

Exterior Information**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"/> 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"/> 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"/> Railroad 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	

Fenced Yard:

<input type="checkbox"/> Chain Link Fence	<input type="checkbox"/> No	<input type="checkbox"/> Other
<input type="checkbox"/> Privacy Fence	<input type="checkbox"/> Wood Fence	<input type="checkbox"/> Yes

Rental Information

Deposit: _____ **Additional Deposit:** Other Pets Smoking

Furnished:

<input type="checkbox"/> Negotiable	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes
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***Daye Available:** _____

Lease Type Required:

<input type="checkbox"/> 1 Year	<input type="checkbox"/> 6 Month	<input type="checkbox"/> Greater than 1 Year
<input type="checkbox"/> Month to Month	<input type="checkbox"/> Negotiable	<input type="checkbox"/> Short Term

Minimum Term: _____

Landlord Pays:

<input type="checkbox"/> Cable	<input type="checkbox"/> CAM	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas
<input type="checkbox"/> Insurance	<input type="checkbox"/> Lawn Care	<input type="checkbox"/> None	<input type="checkbox"/> Other-Specify In Remarks
<input type="checkbox"/> Phone	<input type="checkbox"/> POA	<input type="checkbox"/> Sanitation	<input type="checkbox"/> Security System
<input type="checkbox"/> Taxes	<input type="checkbox"/> Water	<input type="checkbox"/> Water / Sewer	

Tenant Pays:

<input type="checkbox"/> Air Condition	<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"/> Lawn Care
<input type="checkbox"/> None	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Phone	<input type="checkbox"/> POA
<input type="checkbox"/> Sanitation	<input type="checkbox"/> Security System	<input type="checkbox"/> Sewer	<input type="checkbox"/> Taxes
<input type="checkbox"/> Water	<input type="checkbox"/> Water / Sewer		

Community Information

School District: _____

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		

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"/> Guest House	<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 Remarks	<input type="checkbox"/> Out Building
<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 (255 Characters):**

Internal Remarks (255 Characters):

***Public Remarks (510 Characters):**

MLS Remarks (255 Characters):

Mobile Home Information

Make: _____
Serial #: _____
Approval Required: _____

Model: _____
Park Name: _____
Anchor: _____

Status Change: Information

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

***Rented Date:** _____

***Rented Price:** _____

***Lease Term (# of months):** _____

Appraiser Name: _____

Appraiser Phone: _____

Buyer Name: _____

***Leasing Agent Name:** _____

***Leasing Office:** _____

Co Leasing Agent Name: _____

Co Leasing Office: _____