

RESIDENTIAL 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 Name:** _____

Street Direction:

<input type="checkbox"/> North	<input type="checkbox"/> Northeast	<input type="checkbox"/> East	<input type="checkbox"/> Southeast	<input type="checkbox"/> South	<input type="checkbox"/> Southwest	<input type="checkbox"/> West	<input type="checkbox"/> Northwest
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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"/> Square	<input type="checkbox"/> Street	<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 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"/> House	<input type="checkbox"/> Condo	<input type="checkbox"/> Townhouse
<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Modular	<input type="checkbox"/> Cooperatives

***Parcel ID:** _____

Additional Parcel IDs: _____

***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 (less than 25 years old)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Age Unknown
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***New Construction Y/N:** ☐ Yes ☐ No

***Apx. Completion Date:** _____

***Builder Name:** _____

Tax Relief Y/N: ☐ Yes ☐ No

***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 Y/N:** ☐ 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	

Virtual Tour Link: _____

Additional Virtual Tour Link: _____

Direction House Faces:

<input type="checkbox"/> North	<input type="checkbox"/> Northeast	<input type="checkbox"/> East	<input type="checkbox"/> Southeast	<input type="checkbox"/> South	<input type="checkbox"/> Southwest	<input type="checkbox"/> West	<input type="checkbox"/> Northwest
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Brokerage Information

*List Agent Name (MLS ID): _____

Co List Agent (MLS ID): _____

***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

Lockbox: _____

Call to Show: _____

*Allow Address Display: ☐ Yes ☐ No*Internet OK: ☐ Yes ☐ No *Allow VOW: ☐ Yes ☐ No *Allow Blogging: ☐ Yes ☐ No *Allow Auto Valuation: ☐ Yes ☐ No

Direct Contact: _____

Agent Safety Concerns:

<input type="checkbox"/> No Heat	<input type="checkbox"/> Minimal or No Ext. Lighting	<input type="checkbox"/> Minimal or No Int. Lighting	<input type="checkbox"/> Remote/Limited Visibility from Road
<input type="checkbox"/> Electricity Not On	<input type="checkbox"/> Poor Cell Service	<input type="checkbox"/> Contact List Agent	<input type="checkbox"/> Other

Property Information

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

*No. of Half Baths: _____ *Basement: ☐ Yes ☐ No**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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No. of Tubs/Showers:

<input type="checkbox"/> 1 Tub & Shower Combo	<input type="checkbox"/> 2 Tub & Shower Combo	<input type="checkbox"/> 3/+ Tub & Shower Combo	<input type="checkbox"/> 1 Disabled Tub & Shower
<input type="checkbox"/> 2 Disabled Tub & Shower	<input type="checkbox"/> 3/+ Disabled Tub & Shower	<input type="checkbox"/> 1 Garden Tub & Shower	<input type="checkbox"/> 2 Garden Tub & Shower
<input type="checkbox"/> 3/+ Garden Tub & Shower	<input type="checkbox"/> Soaking Tub	<input type="checkbox"/> 1 Sauna	<input type="checkbox"/> 2 Saunas
<input type="checkbox"/> 3/+ Saunas	<input type="checkbox"/> 1 Shower	<input type="checkbox"/> 2 Showers	<input type="checkbox"/> 3/+ Showers
<input type="checkbox"/> 1 Tub	<input type="checkbox"/> 2 Tubs	<input type="checkbox"/> 3/+ Tubs	<input type="checkbox"/> 1 Walk-In Shower
<input type="checkbox"/> 2 Walk-In Showers	<input type="checkbox"/> 3/+ Walk-In Showers	<input type="checkbox"/> 1 Whirlpool	<input type="checkbox"/> 2 Whirlpools
<input type="checkbox"/> 3/+ Whirlpools	<input type="checkbox"/> 1 Other Tub & Shower	<input type="checkbox"/> 2 Other Tub & Showers	<input type="checkbox"/> 3/+ Other Tub & Showers
<input type="checkbox"/> 1 Low Flow Toilet	<input type="checkbox"/> 2 Low Flow Toilets	<input type="checkbox"/> 3/+ Low Flow Toilets	<input type="checkbox"/> 1 Low Flow Faucet
<input type="checkbox"/> 2 Low Flow Faucets	<input type="checkbox"/> 3/+ Low Flow Faucets	<input type="checkbox"/> 1 Low Flow Shower	<input type="checkbox"/> 2 Low Flow Showers
<input type="checkbox"/> 3/+ Low Flow Showers			

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

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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***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

***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 Remarks	<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		

Storm Shelter YN: ☐ Yes ☐ No**Workshop Location:**

<input type="checkbox"/> Attached	<input type="checkbox"/> Basement	<input type="checkbox"/> Detached	<input type="checkbox"/> Garage	<input type="checkbox"/> None
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Flood Zone:

<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes
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Flood Insurance Required:

<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes
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In City Limit YN: ☐ Yes ☐ No**Rooms Information**

Room Name	Dimensions	Level: (Choose Appropriate Value)			
Bedroom 1		Basement	Main	Second	Third
Bedroom 2		Basement	Main	Second	Third
Bedroom 3		Basement	Main	Second	Third
Bedroom 4		Basement	Main	Second	Third
Bedroom 5		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 1		Basement	Main	Second	Third
Full Bath 2		Basement	Main	Second	Third
Full Bath 3		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 1		Basement	Main	Second	Third
Half Bath 2		Basement	Main	Second	Third
Half Bath 3		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 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

***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

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

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

***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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*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	<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	

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

*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"/> Orchard	<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"/> 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"/> Railroad Access

<input type="checkbox"/> Near Trails	<input type="checkbox"/> None		
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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 Landscaping
<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 Shingles	<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: _____

***No. of Patio/Decks:** _____

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		

***Detached Building:**

<input type="checkbox"/> Barn	<input type="checkbox"/> Guest House	<input type="checkbox"/> Metal Shop/Building	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Outbuildings	<input type="checkbox"/> Pole Barn	<input type="checkbox"/> Pool House	<input type="checkbox"/> Storage Building
<input type="checkbox"/> Well House			

Detached Building SqFt: _____

Pool YN: ☐ Yes ☐ No

Pool Type:

<input type="checkbox"/> Community Pool	<input type="checkbox"/> Gunite	<input type="checkbox"/> Heated Pool	<input type="checkbox"/> Indoor Pool
<input type="checkbox"/> Other	<input type="checkbox"/> Private Above Ground Pool	<input type="checkbox"/> Private In Ground Pool	<input type="checkbox"/> Saltwater

<input type="checkbox"/> Vinyl Pool			
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Community Information:

*School District: _____ Monthly Fee: _____
 Aso/Condo Fee YN: ☐ Yes ☐ No Aso/POA Fee Dues: _____
 Aso/POA Paid Frequency: ☐ Annual ☐ Monthly ☐ None ☐ Quarterly ☐ Semi-Annually
 POA Name: _____ POA Phone: _____

Asso POA Fee 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	

***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

Remarks Information

***Directions (1030 Characters):**

Internal Remarks (255 Characters):

***Public Remarks (1030 Characters):**

MLS Remarks (1030 Characters):

Safety Concern Details (250 Characters):

Auction Information

Type: ☐ Absolute ☐ Reserve

Time: _____

Date: _____

Location: _____

Terms/Condition: _____

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	<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 Phone: _____

*Selling Agent Name: _____

Co Selling Agent Name: _____

Appraiser Name: _____

Buyer Name: _____

*Selling Office: _____

Co Selling Office: _____