

• Indicates Required information () Indicates Maximum Choice *Indicates "Yes" By Default **LISTING #**

ADDRESS

• **County** _____ • **City** _____ • **ZIP Code** _____ + 4

• **Area** _____ • **Community/District** _____

• **Street # (HSN)** _____ **Modifier** _____ **Direction** _____ • **Street Name** _____

Suffix _____ **Post Direction** _____ **Unit #** _____

LISTING

\$ _____

• **Listing Price** _____ • **Listing Date** _____ • **Expiration Date** _____ • **Tax ID#** _____ • **Preliminary Title Ordered** _____

LOCATION

CO-OP _____ **Building/Complex Name** _____

MAP BOOK _____ **Map Page** _____ **Top Map Coord.** _____ **Side Map Coord.** _____

PROPERTY INFORMATION

• **Prohibit Blogging** _____ • **Allow Automated Valuation** _____ • **Show Map Link** _____ • **Internet Advertising** _____ • **Show Address to Public** _____

• **SOC (Selling Office Com.)** _____ **Selling Office Commission Comments (40 characters maximum)** _____

• **Year Built** _____ **Effective Year Built** _____ **Effective Year Built Source** _____

• **ASF - Total (Square Feet)** _____ **Lot Size (Square Feet)** _____ **Lot Size Source** _____

Virtual Tour URL (Please include http://) _____

BROKER INFORMATION

• **LAG** _____ **Broker Name and Phone** _____ **Listing Firm - ID#** _____ **Firm Name and Phone** _____
Listing Broker ID#

Co Broker - ID# _____ **CO Broker Name and Phone** _____ **Co Firm - ID#** _____ **Co Firm Name and Phone** _____

LISTING INFORMATION

Manager's Name _____ **Manager's Phone No.** _____ **Assoc. Contact Name** _____ **Assoc. Phone No.** _____ **Owner Occupancy %** _____

• **Possession (3)**
 Closing
 Negotiable
 See Remarks
 Sub.Tenant's Rights

• **Showing Information (10)**
 Appointment
 Call Listing Office
 Day Sleeper
 Gate Code Needed
 MLS Keybox
 Other Keybox
 Owner-Call First
 Pet in House
 Power Off
 Renter-Call First
 Security System
 See Remarks
 Vacant

• **Potential Terms (10)**
 Assumable
 Cash Out
 Conventional
 Farm Home Loan
 FHA
 Lease/Purchase
 Owner Financing
 Rehab Loan
 See Remarks
 State Bond
 VA

INITIALS: _____
 Seller _____ Date _____ Seller _____ Date _____ Broker _____ Date _____

Listing Address: _____

LAG # _____

LISTING INFORMATION			
• Tax Year _____ • Homeowner Dues Include (6) <input type="checkbox"/> Cable TV <input type="checkbox"/> Central Hot Water <input type="checkbox"/> Common Area Maintenance <input type="checkbox"/> Concierge	\$ _____ • Annual Taxes <input type="checkbox"/> Earthquake Insurance <input type="checkbox"/> Garbage <input type="checkbox"/> Lawn Service <input type="checkbox"/> Road Maintenance	• Senior Exemption _____ <input type="checkbox"/> Security Services <input type="checkbox"/> See Remarks <input type="checkbox"/> Snow Removal <input type="checkbox"/> Water/Sewer	Right of First Refusal _____ \$ _____ • Monthly HO Dues _____ Monthly Rent - if rented _____
• Form 17 _____	Special Assessment _____	\$ _____ Spec. Assessment _____	Project Approved by FHA _____

SCHOOL & OWNER INFO.			
• School District _____	Elementary School _____	Junior High/Middle School _____	Senior High School _____
• Owner's Name _____	• Owner's Phone _____	• Occupant Type _____	• Phone to Show _____
• Owner's City and State _____	Occupant's Name _____	• Bank Owned/REO _____	• 3rd Party App. Req. (2) <input type="checkbox"/> None <input type="checkbox"/> Short Sale <input type="checkbox"/> Other - See Remarks
			• Auction _____

SITE INFORMATION					
View (6) <input type="checkbox"/> Bay <input type="checkbox"/> Ocean <input type="checkbox"/> Canal <input type="checkbox"/> Partial <input type="checkbox"/> City <input type="checkbox"/> River <input type="checkbox"/> Golf Course <input type="checkbox"/> See Remarks <input type="checkbox"/> Jetty <input type="checkbox"/> Sound <input type="checkbox"/> Lake <input type="checkbox"/> Strait <input type="checkbox"/> Mountain <input type="checkbox"/> Territorial		Lot Details (7) <input type="checkbox"/> Alley <input type="checkbox"/> Paved Street <input type="checkbox"/> Corner Lot <input type="checkbox"/> Secluded <input type="checkbox"/> Cul-de-sac <input type="checkbox"/> Sidewalk <input type="checkbox"/> Curbs <input type="checkbox"/> Dead End Street <input type="checkbox"/> High Voltage Line <input type="checkbox"/> Open Space		Waterfront (5) <input type="checkbox"/> Bank-High <input type="checkbox"/> Lake <input type="checkbox"/> Bank-Low <input type="checkbox"/> No Bank <input type="checkbox"/> Bank Medium <input type="checkbox"/> Ocean <input type="checkbox"/> Bay <input type="checkbox"/> River <input type="checkbox"/> Bulkhead <input type="checkbox"/> Saltwater <input type="checkbox"/> Canal <input type="checkbox"/> Sound <input type="checkbox"/> Creek <input type="checkbox"/> Strait <input type="checkbox"/> Jetty	
Common Property Features(14) <input type="checkbox"/> Age Restriction <input type="checkbox"/> Elevator <input type="checkbox"/> Hot Tub <input type="checkbox"/> Pool-Outdoor <input type="checkbox"/> Athletic Court <input type="checkbox"/> Exercise Room <input type="checkbox"/> Laundry Room <input type="checkbox"/> RV Parking <input type="checkbox"/> Boat House <input type="checkbox"/> Fire Sprinklers <input type="checkbox"/> Lobby Entrance <input type="checkbox"/> Sauna <input type="checkbox"/> Cable TV <input type="checkbox"/> Game/Rec Rm <input type="checkbox"/> Moorage <input type="checkbox"/> Security Gate <input type="checkbox"/> Club House <input type="checkbox"/> Golf Course <input type="checkbox"/> Outside Entry <input type="checkbox"/> See Remarks <input type="checkbox"/> Disabled Access <input type="checkbox"/> High Speed Int Avail <input type="checkbox"/> Pool-Indoor <input type="checkbox"/> Trails					
• Parking Type (4) <input type="checkbox"/> Carport <input type="checkbox"/> None <input type="checkbox"/> Common Garage <input type="checkbox"/> Off Street <input type="checkbox"/> Individual Garage <input type="checkbox"/> Uncovered					
No. of Assigned Parking Spaces _____	Parking Space Numbers _____	Floor No. of Unit _____	No. of Stories in Building _____	No. of Units in Building _____	No. of Units in Complex _____

BUILDING INFORMATION			
• Cats/Dogs (3) <input type="checkbox"/> Cats Only <input type="checkbox"/> Dogs Only <input type="checkbox"/> No Dogs or Cats <input type="checkbox"/> No Restrictions	<input type="checkbox"/> See Remarks <input type="checkbox"/> Subject to Restrictions	• Exterior (4) <input type="checkbox"/> Brick <input type="checkbox"/> Cement Planked <input type="checkbox"/> Cement/Concrete <input type="checkbox"/> Log <input type="checkbox"/> Metal/Vinyl	<input type="checkbox"/> See Remarks <input type="checkbox"/> Stone <input type="checkbox"/> Stucco <input type="checkbox"/> Wood <input type="checkbox"/> Wood Products
		• Roof (3) <input type="checkbox"/> Built-up <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Composition <input type="checkbox"/> Flat <input type="checkbox"/> Green (Living)	<input type="checkbox"/> Metal <input type="checkbox"/> See Remarks <input type="checkbox"/> Tile <input type="checkbox"/> Torch Down

INITIALS: _____
 Seller _____ Date _____ Seller _____ Date _____ Broker _____ Date _____

Listing Address: _____

LAG # _____

BUILDING INFORMATION

• Number of Access Stairs _____	• New Construction _____	New Construction State _____	Remodeled/Updated _____
• Square Footage Source _____	Architecture _____		• Style Code _____
Storage Location _____	Storage No. _____		Window Coverings _____

GREEN BUILDING INFO

Green Certification (4)

<input type="checkbox"/> Built Green™	_____	_____	_____
<input type="checkbox"/> LEED™	_____	_____	_____
<input type="checkbox"/> Northwest ENERGY STAR®	Built Green™ _____	LEED™ _____	Northwest ENERGY STAR® _____
<input type="checkbox"/> Other - See Remarks			

Construction Methods (2)

<input type="checkbox"/> Advanced Wall	<input type="checkbox"/> Steel & Concrete	_____	_____
<input type="checkbox"/> Double Wall	<input type="checkbox"/> Strawbale	_____	_____
<input type="checkbox"/> Ins. Concrete Form (ICF)	<input type="checkbox"/> Structural Ins. Panel (SIPs)	EPS Energy Score (0-99,999kWh) _____	HERS Index Score (0-150) _____
<input type="checkbox"/> Post & Beam	<input type="checkbox"/> Tilt-up		
<input type="checkbox"/> Standard Frame			

INTERIOR FEATURES

Leased Equipment _____	Water Heater Type _____	Water Heater Location _____	
<p>• Energy Source (6)</p> <input type="checkbox"/> Electric <input type="checkbox"/> Geothermal <input type="checkbox"/> Ground Source <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Pellet <input type="checkbox"/> Propane <input type="checkbox"/> See Remarks <input type="checkbox"/> Solar (Unspecified) <input type="checkbox"/> Solar Hot Water <input type="checkbox"/> Solar PV <input type="checkbox"/> Wood	<p>• Heating/Cooling (8)</p> <input type="checkbox"/> 90%+ High Efficiency <input type="checkbox"/> Baseboard <input type="checkbox"/> Central A/C <input type="checkbox"/> Ductless HP-Mini Split <input type="checkbox"/> Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> HEPA Air Filtration <input type="checkbox"/> High Efficiency (Unspecified) <input type="checkbox"/> Hot Water Recirc Pump <input type="checkbox"/> HRV/ERV System	<p>• Floor Covering (5)</p> <input type="checkbox"/> Bamboo/Cork <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Concrete <input type="checkbox"/> Fir/Softwood <input type="checkbox"/> Hardwood <input type="checkbox"/> Laminate <input type="checkbox"/> Other Renewable <input type="checkbox"/> See Remarks <input type="checkbox"/> Slate <input type="checkbox"/> Vinyl <input type="checkbox"/> Wall to Wall Carpet	
<p>Unit Features (11)</p> <input type="checkbox"/> Alarm System <input type="checkbox"/> Balcony/Deck/Patio <input type="checkbox"/> Central Vacuum <input type="checkbox"/> Disabled Access <input type="checkbox"/> End Unit <input type="checkbox"/> French Doors <input type="checkbox"/> Ground Floor <input type="checkbox"/> Insulated Windows	<p>Appliance Hookups (6)</p> <input type="checkbox"/> Cooking-Electric <input type="checkbox"/> Cooking-Gas <input type="checkbox"/> Dryer-Electric <input type="checkbox"/> Dryer-Gas <input type="checkbox"/> Ice-Maker <input type="checkbox"/> Washer	<p>Appliances That Stay (10)</p> <input type="checkbox"/> Dishwasher <input type="checkbox"/> Double Oven <input type="checkbox"/> Dryer <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Range/Oven	
<p>Lower Fireplaces _____</p>	<p>Upper Fireplaces _____</p>	<p>Main Fireplaces _____</p>	<p>Type of Fireplace _____</p>

COMMUNITY INFO

Bus Line Nearby _____ Bus Route Number _____

INITIALS: Seller _____ Date _____ Seller _____ Date _____ Broker _____ Date _____

