

New Property Information Sheet

Property Address	City/State	Zip	County
Square Footage	Acreage	Year Built	# of stories
		\$	-
Rental Rate/Price Range			

Legal Description:

Land Lot	Subdivision	District	Lot#
<input type="checkbox"/> Home	<input type="checkbox"/> Townhome	<input type="checkbox"/> Condo	<input type="checkbox"/> Apartment
			<input type="checkbox"/> Duplex

Style: (check all that apply)

<input type="checkbox"/> A-Frame	<input type="checkbox"/> Colonial	<input type="checkbox"/> Contemporary
<input type="checkbox"/> Craftsman	<input type="checkbox"/> Country/Rustic	<input type="checkbox"/> European
<input type="checkbox"/> French Provisional	<input type="checkbox"/> Cape Cod	<input type="checkbox"/> Ranch
<input type="checkbox"/> Mediterranean	<input type="checkbox"/> Traditional	<input type="checkbox"/> Victorian

Construction: (check all that apply)

<input type="checkbox"/> Aluminum/Vinyl siding	<input type="checkbox"/> Log	<input type="checkbox"/> Stucco
<input type="checkbox"/> Brick (all sides)	<input type="checkbox"/> Brick (front)	<input type="checkbox"/> Other _____

Lot Description: (check all that apply)

<input type="checkbox"/> Level Yard	<input type="checkbox"/> Sloping Yard	<input type="checkbox"/> Corner Lot
<input type="checkbox"/> Private Backyard	<input type="checkbox"/> Cul-de-sac	<input type="checkbox"/> Wooded
<input type="checkbox"/> Lake View	<input type="checkbox"/> Golf Course view	

Exterior: (check all that apply)

<input type="checkbox"/> Deck/Patio	<input type="checkbox"/> Garden	<input type="checkbox"/> Fenced yard	<input type="checkbox"/> Pool
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Circle One: Privacy / Chain Link

Neighborhood amenities: (check all that apply)

<input type="checkbox"/> Neighborhood HOA, Phone #: _____	
<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Lake
<input type="checkbox"/> Pool	<input type="checkbox"/> Gym
<input type="checkbox"/> Sidewalks	<input type="checkbox"/> Security
<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Golf Course
<input type="checkbox"/> Play Ground	<input type="checkbox"/> Gated Community
<input type="checkbox"/> Walking distance to schools	<input type="checkbox"/> Walking distance to shopping

Parking: (check all that apply)

<input type="checkbox"/> 2 car garage (detached)	<input type="checkbox"/> 1 car garage (attached)	<input type="checkbox"/> Carport
<input type="checkbox"/> 2 car garage (attached)	<input type="checkbox"/> 1 car garage (detached)	<input type="checkbox"/> Other

Basement: (check all that apply)

- | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Crawlspace | <input type="checkbox"/> Finished | <input type="checkbox"/> Unfinished | <input type="checkbox"/> None |
| <input type="checkbox"/> Slab | <input type="checkbox"/> Partial | <input type="checkbox"/> Full | |

Bedrooms/Bathrooms: (please notate a number in all boxes that apply)

- | | | | |
|--|---|--|---------------------------------|
| <input type="checkbox"/> Bedroom Lower | <input type="checkbox"/> Bedroom Main | <input type="checkbox"/> Bedroom upper | Total= <input type="checkbox"/> |
| <input type="checkbox"/> Full Bath Lower | <input type="checkbox"/> Full Bath Main | <input type="checkbox"/> Full Bath Upper | Total= <input type="checkbox"/> |
| <input type="checkbox"/> Half Bath Lower | <input type="checkbox"/> Half Bath Main | <input type="checkbox"/> Half Bath Upper | Total= <input type="checkbox"/> |

Interior: (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Breakfast Bar | <input type="checkbox"/> Breakfast Room | <input type="checkbox"/> Pantry |
| <input type="checkbox"/> Breakfast Area | <input type="checkbox"/> Island | <input type="checkbox"/> Solid Surface Counters |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Family Room | <input type="checkbox"/> Master on Main |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Office | <input type="checkbox"/> Bonus Room/Rec Room |
| <input type="checkbox"/> Book Cases | <input type="checkbox"/> Foyer Entrance | <input type="checkbox"/> Recently Renovated |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Walk-in Closet | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Loft | <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Hardwood Floors |
| <input type="checkbox"/> Vaulted Ceilings | <input type="checkbox"/> Laundry Closet | <input type="checkbox"/> Whirlpool Baths |
| <input type="checkbox"/> Garden Tub | <input type="checkbox"/> Double Vanity | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Wine Cellar | <input type="checkbox"/> Separate Shower | <input type="checkbox"/> Tile Floors |
| <input type="checkbox"/> Tile Bath | <input type="checkbox"/> Attic | <input type="checkbox"/> Cable TV Connections |
| <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Sunroom | <input type="checkbox"/> Furnished |
| <input type="checkbox"/> Screened in porch | | |

Cooling/Heating: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Central Heating & Cooling |
| <input type="checkbox"/> Total Electric | <input type="checkbox"/> Both Gas & Electric |
| <input type="checkbox"/> Window Units | <input type="checkbox"/> Attic fan (whole house fan) |
| <input type="checkbox"/> Programmable Thermostat | |

Utilities:

Water Provider: _____

Gas Provider: _____

Electric Provider: _____

Well/Other: _____

Schools:

Elementary School: _____

Middle School: _____

High School: _____

Warranty information:

(Please provide company name, contact information, contract number, billing zip, and policy expiration date for all that apply)

Home Warranty: _____

Termite Bond: _____

HVAC Service: _____

Codes (garage door, pool, etc): _____

Owner's information:

Owner's Name _____ Owner's Social security # or Tax ID _____

Mailing Address _____ City/State _____ Zip _____ County _____

Cell #: _____

Home #: _____

Work #: _____

E-mail: _____

Present Tenant: Vacant Tenant Occupied Owner occupied until _____

Name: _____

Cell #: _____

Home #: _____

Work #: _____

E-mail: _____

Lease Term: ____/____/20____ to ____/____/20____

Availability Date: _____

Special Showing Instructions: _____

Items left in the property for tenant use: (Check all that Apply)

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Stove/Oven Electric or Gas? | <input type="checkbox"/> Built in Microwave |
| <input type="checkbox"/> Washer | <input type="checkbox"/> Dryer | <input type="checkbox"/> Garbage disposal |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Vent Hood | <input type="checkbox"/> Icemaker |
| <input type="checkbox"/> Keys _____ | <input type="checkbox"/> Garage Remotes _____ | <input type="checkbox"/> Amenities Pass _____ |
| Other _____ | | |

Pets allowed?

The last time gutters were cleaned?

Month: _____ Year: _____

Please check one:

- Septic**
- Sewage**

Direct Deposit Information

Routing Number _____

Account Number _____

- Checking
- Savings

Office use:

- Lock Box Code: _____
- Key in Lock Box
- Sign
- Pictures

Marketing Description
