

Staten Island Multiple Listing Service - Residential Input Sheet

✓ Indicates Required Field

List Date: ✓ Exp. Date: ✓ List Price: ✓ Property Type: 1D 2D CO-OP
 1S 2S Condo
 1A 2A
 End Unit: Yes No

LOCATIONAL INFORMATION

✓ Street No: ✓ Direction: ✓ Street Name: ✓ Unit #: ✓ Area: ✓ Zip: ✓ County:

✓ Zoning: ✓ Block: ✓ Lot: ✓ CofO: Yes No

✓ Directions:

AGENT INFORMATION

Listing Off. ID: Firm Name:

Listing Agent ID: Agent Name:

Co-Listing Agent ID: Co-List Name:

✓ Print Owners Name(s): L/F ✓ Conf: Yes No ✓ Phone#:

✓ Owner's e-mail: I do not have an e-mail: (owners initials) ✓ Owners Texting (cell) #: I do not have a text #: (owners initials)

✓ Short Sale: Yes Yes, but Approved No Undisclosed ✓ REO: Yes No Undisclosed

✓ List Type: Excl. Right to Sell: Excl. Agency:

Owner Financing Yes No Negotiate Direct: Yes No

✓ Comp. to: (%/\$) Buyer's Broker Broker's Agent ✓ Internet Posting: Yes No

Realtor Remarks (Private to Agents Only):

CONTACT ORDER: This section will be system generated based on information from Agent Set-up in MLS System. Only complete this if numbers are different than what is specified in set-up.

Other Numbers (two maximum): () - () -

PROPERTY DETAILS - All Information Below Refers To The Main Unit Only

Room:	Level:	Dim:	Room:	Level:	Dim:	Room:	Level:	Dim:
Living			Dining			Kitchen		
Master Bed			Bedroom			Bedroom		
Main Bath								

Basement:

Level 1:

Level 2:

Level 3:

✓ Style: Bungalow Cape Colonial Contemporary Garageto Garage Garden Hi Ranch High Rise
 Multi-Level Raised Ranch Ranch Townhouse Tudor Victorian Other

✓ Year Built: ✓ Approx. New To Be Built ✓ RE Taxes: ✓ Abated Yes No

✓ Lot Sq. Ft. ✓ Lot Dimen.-IRR: Yes No ✓ Bldg. Sq. Ft. ✓ Bldg. Dim. ✓ Condition: Exc. Good
 Fair Poor

✓ Total Rooms in Main Unit Excluding Basement ✓ No. of Bedrooms Excluding Basement ✓ No. of Full Baths ✓ No. of 3/4 ✓ No. of 1/2

✓ Garage: Yes No ✓ Basement Type: Crawl None Full Partial Other

✓ Location: Attached Built In Detached None ✓ Basement Desc: None Finished Legal Apt.

✓ Gar.Cap: Partially Fin. Unfinished Other

Owner(s) Signature(s) Date: Work Phone:

Date: Work Phone:

Cable: Yes No ✓ **Handicap Access:** Yes No
Pool: Above Ground In Ground Indoor ✓ **Water View** Yes No
✓ **Sewer:** Cesspool City Private Septic None Storm ✓ **Electric:** 110 220
✓ **No. of Heating Units:** ✓ **Air Conditioner:** Central None Units **No. of A/C Units**
Main Unit Lease: Yes No **Main Unit Rent:** \$
✓ **TWO FAMILY PROPERTY:** **Unit 2 Leased:** Yes No **Unit 2 Rent:** \$
✓ **2ND UNIT DATA:** **No. of Bedrooms** **No. of Full Baths** **No. of 3/4** **No. of 1/2**
 No. of Rooms **Location** Basement L1 L2 Other Sep. Unit
Appliances: Compactor Dishwasher Dryer Freezer Microwave Refrigerator Stove Washer

Apartment Description:

✓ **CO-OP/CONDO/PUD INFO:** Co-Op/Condo/PUD Name:

Managing Agent Name: **Phone:**
Association Fee: **Paid:** Monthly Quarterly Yearly **Co-Op Shares:**

Amenities: Clubhouse Health Club Marina Playground Pool Tennis

Fee Includes: Clubhouse Electric Gas Health Club Hot Water Marina Tennis
 Outside Maintenance Playground Pool Sewer Snow Removal Taxes

Public Remarks/Home Highlights:

✓ Parking: <input type="checkbox"/> Assigned <input type="checkbox"/> Carport <input type="checkbox"/> Off Street <input type="checkbox"/> On Street	Yard: <input type="checkbox"/> Back <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> None	✓ Siding: <input type="checkbox"/> All Brick <input type="checkbox"/> Aluminum <input type="checkbox"/> Asbestos <input type="checkbox"/> Part Brick <input type="checkbox"/> Stone <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood	
✓ Master BR: <input type="checkbox"/> Dressing Room <input type="checkbox"/> Fireplace <input type="checkbox"/> Jacuzzi <input type="checkbox"/> Private Bath <input type="checkbox"/> Shared Bath <input type="checkbox"/> Suite <input type="checkbox"/> Walk-In Closet	✓ Main Bath: <input type="checkbox"/> 3 Quarter <input type="checkbox"/> Bidet <input type="checkbox"/> Full Bath <input type="checkbox"/> Half Bath <input type="checkbox"/> Jacuzzi <input type="checkbox"/> Separate Shower <input type="checkbox"/> Skylight	✓ Living Room: <input type="checkbox"/> Combination <input type="checkbox"/> Fireplace <input type="checkbox"/> Formal <input type="checkbox"/> Separate <input type="checkbox"/> Sunken	✓ Dining Room: <input type="checkbox"/> Combination <input type="checkbox"/> Formal <input type="checkbox"/> L-Shape <input type="checkbox"/> None <input type="checkbox"/> Separate
✓ Kitchen: <input type="checkbox"/> Eat In <input type="checkbox"/> Galley <input type="checkbox"/> Pantry <input type="checkbox"/> Yard/Deck Access	Exterior: <input type="checkbox"/> Deck <input type="checkbox"/> Shed <input type="checkbox"/> Fence <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Grill <input type="checkbox"/> Garage Door Opener <input type="checkbox"/> Patio <input type="checkbox"/> Satellite Dish	Interior: <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> Central Vac <input type="checkbox"/> Fireplace <input type="checkbox"/> Hot Tub <input type="checkbox"/> Humidifier <input type="checkbox"/> Security System <input type="checkbox"/> Walk-in-Closet <input type="checkbox"/> Water Filter <input type="checkbox"/> Wet Bar <input type="checkbox"/> Intercom	Appliances: <input type="checkbox"/> Compactor <input type="checkbox"/> Dishwasher <input type="checkbox"/> Disposal <input type="checkbox"/> Dryer <input type="checkbox"/> Freezer <input type="checkbox"/> Gas Grill <input type="checkbox"/> Microwave <input type="checkbox"/> Refrigerator <input type="checkbox"/> Washer
✓ Heat Source: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil	✓ Heat System: <input type="checkbox"/> Forced Air <input type="checkbox"/> Hot Water <input type="checkbox"/> Other <input type="checkbox"/> Steam	✓ Showing Instructions: <input type="checkbox"/> Call Agent <input type="checkbox"/> Call Office <input type="checkbox"/> Key <input type="checkbox"/> Lock Box <input type="checkbox"/> Show Direct	