

Realty Trust Services



Residential Property Exclusive Right to Sell Agreement

Seller, as owner or having the right and power to act for the owner of the following property (the "Property") hereby authorizes Broker, Realty Trust Services, to offer for sale the Property at the price and terms stated below.

Property: 14809 Brunswick Ave Maple Heights Ohio 44137
(Street Address) (Municipality) (State) (Zip)
 Perm. Parcel or Tax I.D. No. 785-04-013

1. **List Price** \$ \$69,000 Change price to \$ As needed after _____
 Change price to \$ _____ after _____
 Change price to \$ _____ after _____

2. **Right to Sell:** In consideration of Broker's agreement to diligently work and secure a Purchaser for the Property, Seller hereby grants Broker the Exclusive Right to sell the Property from July 6, 2020 through midnight 12/31/2020. In the event of sale or exchange of the Property at the price and terms stated, or such other price and terms as may be acceptable to Seller, Seller agrees to pay Broker's commission, in the amount of SIX XXX 6% of the Purchase Price. In addition, Seller shall pay an additional commission of XXXX0 at closing to Realty Trust Services to cover administrative costs.
3. **Protection Period:** Seller agrees to refer to Broker all real estate licensees, customers, or prospects who may come to Seller directly during the Exclusive Period or any extension thereof. In the event of any sale or exchange of the Property within six (6) months after the Exclusive Period (or any extension thereof) has expired, it is further agreed that the Seller will pay the commission described above if the Purchaser has contact with Broker, or any real estate licensee regarding the purchase of the Property during the Exclusive Period (or any extension thereof), and Seller knew or has been advised in writing of such contact. However, Seller shall not be obligated to pay said commission if Seller enters into a written exclusive right to sell agreement with another real estate Broker during such six month Protection Period.
4. **Authorization to Market:** Broker is authorized, at its sole discretion, to place a for sale sign on the property, if permitted by law, to remove all other such signs, to place a lock box on the property, to have access to the property at all reasonable times for the purpose of showing it to prospective purchasers, to cooperate with other brokers and use photos of same for promotional purposes. The property shall be entered into multiple listing services subject to the rules and regulations of that service.
5. **Fair Housing:** It is illegal, pursuant to the Ohio Fair Housing Law, Division (H) of section 4112.02 of the Revised Code and the Federal Fair Housing Law 42 U.S.C.A. Section 3601 to refuse to sell, transfer, assign, rent, lease, sublease, or finance Housing accommodations, refuse to negotiate for the sale or rental of housing accommodations, or otherwise deny to make unavailable housing accommodations because of race, color, religion, sex, familial status, as defined in Section 4112.01 of the Revised Code, ancestry, handicap, disability, as defined in that section, or national origin, or to so discriminate in advertising the sale or rental of housing, in the financing of housing, or in the provision of real estate brokerage services. It is also illegal for profit, to induce or attempt to induce a person to sell or rent a dwelling by representations regarding the entry into the neighborhood of a person or persons belonging to one of the protected classes.
6. **Seller's Property Description:** I understand that the information which I provide to the Broker as listing information will be used to advertise my property to the public and it is essential that this information be accurate. I HAVE REVIEWED THE MLS LISTING INPUT SHEET (OR MARKED UP PREVIOUS MLS PRINT OUT) AND REPRESENT THAT THE INFORMATION CONTAINED IN IT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. Though I am listing my property in its present condition ("as is" condition), I understand that I may be held responsible by a Purchaser for any latent or hidden undisclosed defects in my property which are known to me but which are not disclosed to the Purchaser at the time of sale. I have completed the "RESIDENTIAL PROPERTY DISCLOSURE FORM." I understand that the Disclosure and its contents will be shared with prospective Purchasers and with any person or entity in connection with the actual or anticipated sale of this property. I further agree to disclose any additional items, which may become known to me, prior to recording the deed. I understand that if prior to the acceptance of a purchase agreement, I do not provide said "RESIDENTIAL PROPERTY DISCLOSURE FORM" to the Purchaser, then the Purchaser may terminate the purchase agreement without penalty. I AM AWARE OF NO OTHER PROBLEMS OR DEFECTS IN THE PROPERTY, EXCEPT AS STATED WITHIN THE RESIDENTIAL PROPERTY DISCLOSURE FORM.

7. **Title:** Title will be conveyed to the Purchaser or nominee by appropriate deed, with release of dower, if any, and Seller shall pay for a title search and the premium for an Owners Policy of the Title Insurance issued in the amount of the purchase price insuring title except for allowable exceptions appearing in the Purchase Agreement. **Appurtenant Fixtures:** Items such as wall-to-wall carpeting, garage door openers, smoke detectors, built-in appliances, light fixtures, landscaping and many indoor and outdoor decorative items, if any, may legally be "fixtures" and, if so, they must remain with the property unless specifically excluded in the Purchase Agreement. Discuss this matter with your agent/Broker to avoid uncertainty regarding what you may take and what should remain with the property and make specific provisions for these items in such Purchase Agreement. Fixtures Excluded from Sale: _____

8. **Home Warranty:** I agree ___to provide___ not to provide a limited home warranty program from _____ at a charge of \$_____ plus options, if any. I understand a broker or agent may be compensated if I offer or pay for a home warranty program on this Property.

9. **Municipal Required Inspection:** I agree to apply for and obtain any inspections and/or certificates required by law and shall place said document(s) in escrow. The responsibility for curing said violations shall be assumed by the ___seller ___purchaser.

10. **Fees to Sub Agents and Dual Agents:** Owner authorizes Broker to list the Property in any Multiple Listing Service. Owner authorizes Broker to offer compensation in accordance with Broker's company policy, which is to offer 3% compensation to Subagent or Buyer's agents. Owner has received Broker's written disclosure of its company policy on agency relationships. If prospective buyer of the Property is represented by Broker, or any other agent of Broker, or if the prospective buyer is an employee or agent of Broker, Broker will be considered a "dual agent" (that is agent of both Owner and Seller).

11. **Lead Based Paint Disclosure:** Owner has been advised that if the Property contains housing constructed before 1978 Owner is required (a) to provide to the Purchaser a federally approved lead hazard information pamphlet; (b) to disclosing to Broker and the purchaser the presence of any known lead based paint and/or lead based paint hazards on the Property and (c) to provide to Broker and the purchaser any additional information, records or reports in Owner's possession or available to Owner pertaining to lead based paint hazards in the Property. In addition, Owner must provide to Purchaser a 10-day opportunity to conduct a risk assessment or inspection of the Property for the presence of lead based paint and/or lead based paint hazards, unless waived by the purchaser in writing. Finally, any contract for the sale of Property shall include an attachment containing a Lead Warning Statement as well as the information and disclosure described above. Owner agrees to comply with these requirements and to indemnify, defend and hold Broker harmless against any claims, damages, losses or expenses, including attorney's fees, arising from Owner's violation of these requirements.

12. **Additional terms:** Tenant occupied Point of sale will be compliant

The word "I" in this agreement shall mean all sellers, jointly and severally, who have signed this agreement. I understand that this agreement does not guarantee the sale of my property. I hereby acknowledge receipt of a signed copy of this agreement (If seller is married, both signatures are required).

SELLER: Liran Ben Shelosh

DATE: _____

SELLER: 

DATE: 07/02/2020

ADDRESS: _____

PHONE: _____

AGENT: 

DATE: 7/2/2020

OFFICE: REALTY TRUST SERVICES, LLC, 29550 Detroit Road, Suite 102, Westlake, OH 44145

COMPANY LICENSE NUMBER: REC.2009001863 MANAGER BROKER: ANDREW W MORRIS NUMBER: 440-427-0123

THIS AGREEMENT IS A LEGALLY BINDING CONTRACT IF YOU HAVE ANY QUESTIONS OF LAW, CONSULT YOUR ATTORNEY.



Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Property Address: 14809 Brunswick Ave Maple Heights Ohio 44137

Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgment

(c) _____ Purchaser has received copies of all information listed above.

(d) _____ Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) _____ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or


(ii) _____ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment

(f) Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.
CK

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Liran Ben Shelosh			07/02/2020
Seller	Date	Seller	Date
Christopher Kaylor	7/2/2020	Purchaser	Date
Agent	Date	Agent	Date



STATE OF OHIO
DEPARTMENT OF COMMERCE

2013

Owner has never lived in the home.

RESIDENTIAL PROPERTY DISCLOSURE FORM

Purpose of Disclosure Form: This is a statement of certain conditions and information concerning the property actually known by the owner. An owner may or may not have lived at the property and unless the potential purchaser is informed in writing, the owner has no more information about the property than could be obtained by a careful inspection of the property by a potential purchaser. Unless the potential purchaser is otherwise informed, the owner has not conducted any inspection of generally inaccessible areas of the property. This form is required by Ohio Revised Code Section 5302.30.

THIS FORM IS NOT A WARRANTY OF ANY KIND BY THE OWNER OR BY ANY AGENT OR SUBAGENT REPRESENTING THE OWNER. THIS FORM IS NOT A SUBSTITUTE FOR ANY INSPECTIONS. **POTENTIAL PURCHASERS ARE ENCOURAGED TO OBTAIN THEIR OWN PROFESSIONAL INSPECTION(S).**

Owner's Statement: The statements contained in this form are made by the owner and are not the statements of the owner's agent or subagent. The statements contained in this form are provided by the owner only to potential purchasers in a transfer made by the owner. The statements are not for purchasers in any subsequent transfers. The information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by any other statute or law to be disclosed in the transfer of residential real estate.

OWNER INSTRUCTIONS

Instructions to Owner: (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Attach additional pages with your signature if additional space is needed. (4) Complete this form yourself. (5) If some items do not apply to your property, write NA (not applicable). If the item to be disclosed is not within your actual knowledge, indicate Unknown.

LBS

Owner's Initials _____ Date _____07/02/2020
Owner's Initials _____ Date _____

Purchaser's Initials _____ Date _____
Purchaser's Initials _____ Date _____



STATE OF OHIO DEPARTMENT OF COMMERCE

RESIDENTIAL PROPERTY DISCLOSURE FORM

Pursuant to section 5302.30 of the Revised Code and rule 1301:5-6-10 of the Administrative Code.

TO BE COMPLETED BY OWNER (Please Print)

Property Address: 14809 Brunswick Ave Maple Heights Ohio 44137

Owners Name(s): Liran Ben Shelosh

Date: 07/02/2020, 20

Owner is not occupying the property. If owner is occupying the property, since what date: Owner has never lived in the home. If owner is not occupying the property, since what date:

THE FOLLOWING STATEMENTS OF THE OWNER ARE BASED ON OWNER'S ACTUAL KNOWLEDGE

A) WATER SUPPLY: The source of water supply to the property is (check appropriate boxes):

- Public Water Service, Private Water Service, Private Well, Shared Well, Holding Tank, Cistern, Spring, Pond, Unknown, Other

Do you know of any current leaks, backups or other material problems with the water supply system or quality of the water? Yes No If "Yes", please describe and indicate any repairs completed (but not longer than the past 5 years):

Is the quantity of water sufficient for your household use? (NOTE: water usage will vary from household to household) Yes No

B) SEWER SYSTEM: The nature of the sanitary sewer system servicing the property is (check appropriate boxes):

- Public Sewer, Leach Field, Unknown, Private Sewer, Aeration Tank, Other, Septic Tank, Filtration Bed

If not a public or private sewer, date of last inspection: Inspected By:

Do you know of any previous or current leaks, backups or other material problems with the sewer system servicing the property? Yes No If "Yes", please describe and indicate any repairs completed (but not longer than the past 5 years):

Information on the operation and maintenance of the type of sewage system serving the property is available from the department of health or the board of health of the health district in which the property is located.

C) ROOF: Do you know of any previous or current leaks or other material problems with the roof or rain gutters? Yes No If "Yes", please describe and indicate any repairs completed (but not longer than the past 5 years):

D) WATER INTRUSION: Do you know of any previous or current water leakage, water accumulation, excess moisture or other defects to the property, including but not limited to any area below grade, basement or crawl space? Yes No If "Yes", please describe and indicate any repairs completed:

Owner's Initials LBS Date 07/02/2020

Purchaser's Initials Date

Property Address _____

Do you know of any water or moisture related damage to floors, walls or ceilings as a result of flooding; moisture seepage; moisture condensation; ice damming; sewer overflow/backup; or leaking pipes, plumbing fixtures, or appliances? Yes No
 If "Yes", please describe and indicate any repairs completed: _____

Have you ever had the property inspected for mold by a qualified inspector? Yes No
 If "Yes", please describe and indicate whether you have an inspection report and any remediation undertaken: _____

Purchaser is advised that every home contains mold. Some people are more sensitive to mold than others. If concerned about this issue, purchaser is encouraged to have a mold inspection done by a qualified inspector.

E) STRUCTURAL COMPONENTS (FOUNDATION, BASEMENT/CRAWL SPACE, FLOORS, INTERIOR AND EXTERIOR WALLS): Do you know of any previous or current movement, shifting, deterioration, material cracks/settling (other than visible minor cracks or blemishes) or other material problems with the foundation, basement/crawl space, floors, or interior/exterior walls?
 Yes No If "Yes", please describe and indicate any repairs, alterations or modifications to control the cause or effect of any problem identified (but not longer than the past 5 years): _____

Do you know of any previous or current fire or smoke damage to the property? Yes No
 If "Yes", please describe and indicate any repairs completed: _____

F) WOOD DESTROYING INSECTS/TERMITES: Do you know of any previous/current presence of any wood destroying insects/termites in or on the property or any existing damage to the property caused by wood destroying insects/termites? Yes No
 If "Yes", please describe and indicate any inspection or treatment (but not longer than the past 5 years): _____

G) MECHANICAL SYSTEMS: Do you know of any previous or current problems or defects with the following existing mechanical systems? If your property does not have the mechanical system, mark N/A (Not Applicable).

	YES	NO	N/A		YES	NO	N/A
1) Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8) Water softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Plumbing (pipes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Is water softener leased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Central heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9) Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Central Air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Is security system leased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) Central vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Fireplace/chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11) Built in appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Lawn sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Other mechanical systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is "Yes", please describe and indicate any repairs to the mechanical system (but not longer than the past 5 years): _____

H) PRESENCE OF HAZARDOUS MATERIALS: Do you know of the previous or current presence of any of the below identified hazardous materials on the property?

	Yes	No	Unknown
1) Lead-Based Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Urea-Formaldehyde Foam Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Radon Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If "Yes", indicate level of gas if known _____			
5) Other toxic or hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is "Yes", please describe and indicate any repairs, remediation or mitigation to the property: _____

LBS
 Owner's Initials _____ Date 07/02/2020
 Owner's Initials _____ Date _____

Purchaser's Initials _____ Date _____
 Purchaser's Initials _____ Date _____

14809 Brunswick Ave Maple Heights Ohio 44137

Property Address _____

D) UNDERGROUND STORAGE TANKS/WELLS: Do you know of any underground storage tanks (existing or removed), oil or natural gas wells (plugged or unplugged), or abandoned water wells on the property? Yes No

If "Yes", please describe: _____

Do you know of any oil, gas, or other mineral right leases on the property? Yes No

Purchaser should exercise whatever due diligence purchaser deems necessary with respect to oil, gas, and other mineral rights. Information may be obtained from records contained within the recorder's office in the county where the property is located.

J) FLOOD PLAIN/LAKE ERIE COASTAL EROSION AREA:

Is the property located in a designated flood plain?

Yes

No

Unknown

Is the property or any portion of the property included in a Lake Erie Coastal Erosion Area?

K) DRAINAGE/EROSION: Do you know of any previous or current flooding, drainage, settling or grading or erosion problems affecting the property? Yes No

If "Yes", please describe and indicate any repairs, modifications or alterations to the property or other attempts to control any problems (but not longer than the past 5 years): _____

L) ZONING/CODE VIOLATIONS/ASSESSMENTS/HOMEOWNERS' ASSOCIATION: Do you know of any violations of building or housing codes, zoning ordinances affecting the property or any nonconforming uses of the property? Yes No

If "Yes", please describe: _____

Is the structure on the property designated by any governmental authority as a historic building or as being located in an historic district? (NOTE: such designation may limit changes or improvements that may be made to the property). Yes No

If "Yes", please describe: _____

Do you know of any recent or proposed assessments, fees or abatements, which could affect the property? Yes No

If "Yes", please describe: _____

List any assessments paid in full (date/amount) _____

List any current assessments: _____ monthly fee _____ Length of payment (years _____ months _____)

Do you know of any recent or proposed rules or regulations of, or the payment of any fees or charges associated with this property, including but not limited to a Community Association, SID, CID, LID, etc. Yes No

If "Yes", please describe (amount) _____

M) BOUNDARY LINES/ENCROACHMENTS/SHARED DRIVEWAY/PARTY WALLS: Do you know of any of the following conditions affecting the property? Yes No Yes No

1) Boundary Agreement

4) Shared Driveway

2) Boundary Dispute

5) Party Walls

3) Recent Boundary Change

6) Encroachments From or on Adjacent Property

If the answer to any of the above questions is "Yes", please describe: _____

N) OTHER KNOWN MATERIAL DEFECTS: The following are other known material defects in or on the property: _____

For purposes of this section, material defects would include any non-observable physical condition existing on the property that could be dangerous to anyone occupying the property or any non-observable physical condition that could inhibit a person's use of the property.

Owner's Initials LBS Date _____

Owner's Initials _____ Date 07/02/2020

Purchaser's Initials _____ Date _____

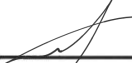
Purchaser's Initials _____ Date _____

Property Address _____

CERTIFICATION OF OWNER

Owner certifies that the statements contained in this form are made in good faith and based on his/her actual knowledge as of the date signed by the Owner. Owner is advised that the information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by any other statute or law or that may exist to preclude fraud, either by misrepresentation, concealment or nondisclosure in a transaction involving the transfer of residential real estate.

OWNER: Liran Ben Shelosh DATE: _____

OWNER:  DATE: 07/02/2020

RECEIPT AND ACKNOWLEDGEMENT OF POTENTIAL PURCHASERS

Potential purchasers are advised that the owner has no obligation to update this form but may do so according to Revised Code Section 5302.30(G). Pursuant to Ohio Revised Code Section 5302.30(K), if this form is not provided to you prior to the time you enter into a purchase contract for the property, you may rescind the purchase contract by delivering a signed and dated document of rescission to Owner or Owner's agent, provided the document of rescission is delivered prior to all three of the following dates: 1) the date of closing; 2) 30 days after the Owner accepted your offer; and 3) within 3 business days following your receipt or your agent's receipt of this form or an amendment of this form.

Owner makes no representations with respect to any offsite conditions. Purchaser should exercise whatever due diligence purchaser deems necessary with respect to offsite issues that may affect purchaser's decision to purchase the property.

Purchaser should exercise whatever due diligence purchaser deems necessary with respect to Ohio's Sex Offender Registration and Notification Law (commonly referred to as "Megan's Law"). This law requires the local Sheriff to provide written notice to neighbors if a sex offender resides or intends to reside in the area. The notice provided by the Sheriff is a public record and is open to inspection under Ohio's Public Records Law. If concerned about this issue, purchaser assumes responsibility to obtain information from the Sheriff's office regarding the notices they have provided pursuant to Megan's Law.

Purchaser should exercise whatever due diligence purchaser deems necessary with respect to abandoned underground mines. If concerned about this issue, purchaser assumes responsibility to obtain information from the Ohio Department of Natural Resources. The Department maintains an online map of known abandoned underground mines on their website at www.dnr.state.oh.us.

I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS DISCLOSURE FORM AND UNDERSTAND THAT THE STATEMENTS ARE MADE BASED ON THE OWNERS ACTUAL KNOWLEDGE AS OF THE DATE SIGNED BY THE OWNER.

My/Our Signature below does not constitute approval of any disclosed condition as represented herein by the owner.

PURCHASER: _____ DATE: _____

PURCHASER: _____ DATE: _____



NEOHREX RESIDENTIAL LISTING INPUT SHEET

Required Fields are in Red, Bold, and Italicized Text



Address: 14809 Brunswick Maple Heights Ohio 44137 MLS #: _____

Owner Name: Liran Ben Shelosh

Agt ID: 2011003065 **Name:** Christopher Kay Co ID: _____ Co Name: _____

Agent Info **County** County: cuyahoga

Showing Info

Showing Instruction		
<input checked="" type="checkbox"/> Call Agent	<input type="checkbox"/> Key in Office	<input type="checkbox"/> Use Showing
<input type="checkbox"/> Call Office	<input type="checkbox"/> Other Lockbox	Time Link
<input type="checkbox"/> Call Seller	<input type="checkbox"/> Show Service	
<input type="checkbox"/> E-Box	<input type="checkbox"/> Use CSS Link	

Showing Service Phone: 3308401073

Showing Information: 48 hr notice tenant text email
(150 characters max)

Coop Compensation

Listing Type		Limited Service
<input type="checkbox"/> Comp Only	<input checked="" type="checkbox"/> Exclusive Right	<input type="checkbox"/> Yes
<input type="checkbox"/> Exclusive Agcy	<input type="checkbox"/> Resvd Prospect	<input checked="" type="checkbox"/> No

Buyers Broker Compensation: 3%

When selecting Graduated, Variable and/or Other as a choice in the "Other Compensation" field, please enter a complete explanation of the choice(s) in the "Compensation Explanation" field.

Other Compensation	
<input type="checkbox"/> Bonus	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Dual	<input type="checkbox"/> Other
<input type="checkbox"/> Graduated	<input type="checkbox"/> Variable

Compensation Explanation 3% on purchase price
(100 characters max)

General Info Address

Primary Parcel ID: 78504013 MLS Cross Reference: _____

Street Number: 14809 Modifier: _____ Pre Dir: _____ **Street Name:** Brunswick

Street Type _____ Post Dir: _____ Unit #: _____ **City:** Maple heights **Zip:** 44137 +4

State: OH Map Coord: _____ (Ex. CUY22B3) Subdiv/Complex: _____

Township: _____ **Area:** 1708 **School Dist:** maple 1818

Internet Listing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Show Addr. to Client <input type="checkbox"/> Yes <input type="checkbox"/> No	Show Addr. to Public <input type="checkbox"/> Yes <input type="checkbox"/> No	Seller Opt Out Photo <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Status & Listing Information

Short Sale Y/N <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Listing Date: <u>7/6/2020</u>	Online Bidding Y/N <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Expiration Date: <u>12/31/2020</u>	

List Price: 69000 Online Bidding Website: _____

Auction Y/N <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Auction Date: _____	Auction Start Time: _____	Auction End Time: _____
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Loan & Tax Information

Possession <input type="checkbox"/> 30 Days or Less <input type="checkbox"/> Other <input checked="" type="checkbox"/> Negotiable <input type="checkbox"/> Time of Trans	Ownership <input type="checkbox"/> Agent <input type="checkbox"/> Builder <input type="checkbox"/> HUD <input type="checkbox"/> RE Brokerage <input type="checkbox"/> Bank <input type="checkbox"/> Estate <input type="checkbox"/> Principal/NR <input type="checkbox"/> Resident	Occupant Type <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant
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Ann. Taxes: 2422.66

Assessments <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Homestead Exemp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Available Financing			
<input type="checkbox"/> Assum. Mort	<input type="checkbox"/> Convention.	<input type="checkbox"/> FHA	<input type="checkbox"/> Lease Option
<input type="checkbox"/> Cash	<input type="checkbox"/> Exch/Trade	<input type="checkbox"/> Land Cont.	<input type="checkbox"/> Mort. by Sell
			<input type="checkbox"/> USDA
			<input type="checkbox"/> VA

Parcel ID #2: _____ Parcel ID #3: _____
Parcel ID #4: _____ Parcel ID #5: _____

Features **Property Information**

Property Subtype	Dwelling Type	Year Built:	Year Built Detail	Stories:
<input type="checkbox"/> Condo. <input checked="" type="checkbox"/> Single Fam.	<input type="checkbox"/> Attached <input type="checkbox"/> Detached	1948	<input checked="" type="checkbox"/> Actual YBT <input type="checkbox"/> Not Verifiable <input type="checkbox"/> Under Const. <input type="checkbox"/> New Const. <input type="checkbox"/> To Be Built <input type="checkbox"/> Unknown	

Basement	Above Grade Finished SqFt (approx): _____	Source: <input type="checkbox"/> Appraiser <input type="checkbox"/> Auditor <input type="checkbox"/> Owner <input type="checkbox"/> Realist
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Below Grade Finished SqFt (approx): _____	Source: <input type="checkbox"/> Appraiser <input type="checkbox"/> Auditor <input type="checkbox"/> Owner <input type="checkbox"/> Realist

Fireplace Total:	Public Trans.	Lot Size in Acres:	Lot Size Source	Lot Dimensions:	Irregular
0	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Appraiser <input type="checkbox"/> Owner <input type="checkbox"/> Auditor <input type="checkbox"/> Realist		<input type="checkbox"/> Yes <input type="checkbox"/> No

Garage Total:	Unit Location	Unit Floor:	Elevator	Fixer Up	Warranty	Disability Feature
2	<input type="checkbox"/> Center <input type="checkbox"/> Other <input type="checkbox"/> End <input type="checkbox"/> Poolside		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Features

Style (3 choices max)	Exterior	Exterior Features	Roof	Garage
<input type="checkbox"/> Bi-Level <input type="checkbox"/> Modular <input checked="" type="checkbox"/> Bungalow <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Cape Cod <input type="checkbox"/> Other <input type="checkbox"/> Cluster Home <input type="checkbox"/> Ranch <input type="checkbox"/> Colonial <input type="checkbox"/> Split Level <input type="checkbox"/> Contemp/Mdrn <input type="checkbox"/> Townhouse <input type="checkbox"/> Conventional <input type="checkbox"/> Tudor <input type="checkbox"/> Half Duplex <input type="checkbox"/> Victorian <input type="checkbox"/> High Rise <input type="checkbox"/> Villa <input type="checkbox"/> Mobile/Manf.	<input checked="" type="checkbox"/> Alumin. <input type="checkbox"/> Brick <input type="checkbox"/> Cedar <input type="checkbox"/> Log <input type="checkbox"/> Other <input type="checkbox"/> Stone <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood	<input type="checkbox"/> Abv Grd Pool <input type="checkbox"/> Barn/Stable <input type="checkbox"/> Boat House <input type="checkbox"/> Deck <input type="checkbox"/> Enc Patio/pch <input type="checkbox"/> In Grd Pool <input type="checkbox"/> Other <input type="checkbox"/> Patio <input type="checkbox"/> Porch <input type="checkbox"/> Sprinkler/irr. <input type="checkbox"/> Shed/Out Bldg	<input checked="" type="checkbox"/> Asph/Fiber <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> Rubber <input type="checkbox"/> Shake <input type="checkbox"/> Slate <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Access fm Unit <input type="checkbox"/> Heated <input type="checkbox"/> Assigned/Rsrvd <input type="checkbox"/> None <input type="checkbox"/> Attached <input type="checkbox"/> Other <input type="checkbox"/> Carport(s) <input type="checkbox"/> Parking Garage <input checked="" type="checkbox"/> Detached <input type="checkbox"/> Parking Lot <input type="checkbox"/> Door Opener <input type="checkbox"/> RV/Boat Pad <input type="checkbox"/> Drain <input type="checkbox"/> Unit Garage <input type="checkbox"/> Electric <input type="checkbox"/> Water Available

Basement	Fences	Appliances/Equipment
<input type="checkbox"/> Common <input type="checkbox"/> Slab <input type="checkbox"/> Crawl <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished <input type="checkbox"/> Walk-out <input type="checkbox"/> Full <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Other <input type="checkbox"/> Partially Finished	<input type="checkbox"/> Chain Link <input type="checkbox"/> Privacy <input type="checkbox"/> Full <input type="checkbox"/> Vinyl/Plastic <input type="checkbox"/> Invs Pet <input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Other <input type="checkbox"/> Partial	<input type="checkbox"/> Audio System <input type="checkbox"/> Elec Air Clnr <input type="checkbox"/> Range <input type="checkbox"/> Water Soft <input type="checkbox"/> Cent. Vacuum <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerat. <input type="checkbox"/> HotTub <input type="checkbox"/> CO Detector <input type="checkbox"/> Garbage Disp <input type="checkbox"/> Security Sys <input type="checkbox"/> Counter Rnge <input type="checkbox"/> Humidifier <input type="checkbox"/> Smoke Det <input type="checkbox"/> Dishwasher <input type="checkbox"/> Microwave <input type="checkbox"/> Sump Pump <input type="checkbox"/> Dryer <input type="checkbox"/> Oven <input type="checkbox"/> Washer

Heating Type	Heating Fuel	Cooling Type	Water/Sewer
<input type="checkbox"/> Baseboard <input type="checkbox"/> Gravity <input type="checkbox"/> Radiators <input type="checkbox"/> Fireplace - Gas <input type="checkbox"/> Heat Pump <input type="checkbox"/> Space Heater <input type="checkbox"/> Fireplace -Other <input type="checkbox"/> HotWater/Steam <input type="checkbox"/> Wood/Pellet <input type="checkbox"/> Fireplace -Wood <input type="checkbox"/> None <input type="checkbox"/> Zoned <input checked="" type="checkbox"/> Forced Air <input type="checkbox"/> Other <input type="checkbox"/> Geothermal <input type="checkbox"/> Radiant	<input type="checkbox"/> Coal <input type="checkbox"/> Other <input type="checkbox"/> Dual <input type="checkbox"/> Pellets <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> Solar <input type="checkbox"/> None <input type="checkbox"/> Wood <input type="checkbox"/> Oil	<input type="checkbox"/> Attic Fan <input type="checkbox"/> Win. Unit <input type="checkbox"/> Central Air <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Wall Unit	<input type="checkbox"/> Cistern <input type="checkbox"/> No Sewer <input type="checkbox"/> Well <input type="checkbox"/> Pvt. Sewer <input type="checkbox"/> Pub Water <input type="checkbox"/> Pub Sewer <input type="checkbox"/> Pvt. Water <input type="checkbox"/> Septic <input type="checkbox"/> No Water

Community Amenities
<input type="checkbox"/> Adult Com 55+ <input type="checkbox"/> Medical Serv <input type="checkbox"/> Common Fac <input type="checkbox"/> Other <input type="checkbox"/> Exercise room <input type="checkbox"/> Park <input type="checkbox"/> Golf Avail <input type="checkbox"/> Playground <input type="checkbox"/> Health Club <input type="checkbox"/> Pool <input type="checkbox"/> Lake <input type="checkbox"/> ShoppingMall <input type="checkbox"/> Laundromat <input type="checkbox"/> Tennis Courts

Lot Description
<input type="checkbox"/> Addt'l Land <input type="checkbox"/> Forestry Credit <input type="checkbox"/> Lake Priv/Access <input type="checkbox"/> Outdoor Arena <input type="checkbox"/> Beach Front <input type="checkbox"/> Golf Course Frnt <input type="checkbox"/> Lake-Stocked <input type="checkbox"/> Pond <input type="checkbox"/> Corner Lot <input type="checkbox"/> Hillside <input type="checkbox"/> Leased Land <input type="checkbox"/> River Front <input type="checkbox"/> Cul de Sac <input type="checkbox"/> Horse Property <input type="checkbox"/> Livestock Perm <input type="checkbox"/> Spring/Creek <input type="checkbox"/> Dead End <input type="checkbox"/> Lake Erie Front <input type="checkbox"/> Other <input type="checkbox"/> Water Front <input type="checkbox"/> Dock/Moor <input type="checkbox"/> Lake Front <input type="checkbox"/> Oil/Gas Wells <input type="checkbox"/> Wood/Treed

View Descr	
<input type="checkbox"/> Canyon/Valley	<input type="checkbox"/> Park
<input type="checkbox"/> City View	<input type="checkbox"/> Water View
<input type="checkbox"/> Golf Course	<input type="checkbox"/> Wooded
<input type="checkbox"/> Lake Erie	

House Faces	
<input type="checkbox"/> East	<input type="checkbox"/> South
<input type="checkbox"/> North	<input type="checkbox"/> SouthEast
<input type="checkbox"/> NorthEast	<input type="checkbox"/> SouthWest
<input type="checkbox"/> NorthWest	<input type="checkbox"/> West

Natural Resource Rights	
<input type="checkbox"/> All W/O rights	<input type="checkbox"/> Mineral
<input type="checkbox"/> Coal	<input type="checkbox"/> None
<input type="checkbox"/> Gas	<input type="checkbox"/> Oil
<input type="checkbox"/> Leased	<input type="checkbox"/> Timber

Driveway
<input type="checkbox"/> None
<input checked="" type="checkbox"/> Paved
<input type="checkbox"/> Unpaved

Rooms Room Information

Total Rooms	Full Baths	# Full Baths Lower	# Full Baths Main	# Full Baths Upper
2		1	1	0
Total Bedrooms	1/2 Baths	# 1/2 Baths Lower	# 1/2 Baths Main	# 1/2 Baths Upper
3	0	0	0	0

Detailed Room Information

Room Name	Dimensions (no decimals)	*Level	Flooring										
			Fireplace	Window Treat	Carpet	Ceramic	Laminate	Linoleum	Marble	Parquet	Slate	Vinyl	Wood
Great Room	TBD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Room			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat In Kitchen			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining Room			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addnl Living Suite			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master Bathroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus Room			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/Media Room			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foyer			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry/Utility			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library/Study			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loft			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pantry			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation Room			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun Room			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility Room			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Levels: Lower=L, First=1, Second=2, Third=3, Basement=B

HOA/Remarks HOA Info

HOA
 Yes No **If HOA is YES then all other fields are required**

HOA Name

Fee Amount

Fee Frequency
 Annually Quarterly
 Monthly Semi-Annually

Maint Fee
 Yes No **If Maint Fee is YES then all other fields are required**

Maintenance Provider

Fee Amount

Fee Frequency
 Annually Quarterly
 Monthly Semi-Annually

Fee Includes

<input type="checkbox"/> Air Condition	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Security Sys
<input type="checkbox"/> Assoc Insur.	<input type="checkbox"/> None	<input type="checkbox"/> Sewer
<input type="checkbox"/> Electric	<input type="checkbox"/> Other	<input type="checkbox"/> Snow Rem.
<input type="checkbox"/> Exterior Build	<input type="checkbox"/> Prop Mgmt	<input type="checkbox"/> Trash Rem.
<input type="checkbox"/> Garage/Park	<input type="checkbox"/> Recreation	<input type="checkbox"/> Water
<input type="checkbox"/> Gas	<input type="checkbox"/> Reserve Fund	
<input type="checkbox"/> Heat	<input type="checkbox"/> Security Staff	

Fee Includes

<input type="checkbox"/> Air Condition	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Security Sys
<input type="checkbox"/> Assoc Insur.	<input type="checkbox"/> None	<input type="checkbox"/> Sewer
<input type="checkbox"/> Electric	<input type="checkbox"/> Other	<input type="checkbox"/> Snow Rem.
<input type="checkbox"/> Exterior Build	<input type="checkbox"/> Prop Mgmt	<input type="checkbox"/> Trash Rem.
<input type="checkbox"/> Garage/Park	<input type="checkbox"/> Recreation	<input type="checkbox"/> Water
<input type="checkbox"/> Gas	<input type="checkbox"/> Reserve Fund	
<input type="checkbox"/> Heat	<input type="checkbox"/> Security Staff	

Restrictions (Req. if HOA or Maint Fee is Yes)

<input type="checkbox"/> Age Restr.	<input type="checkbox"/> No Leasing	<input type="checkbox"/> No Signs	<input type="checkbox"/> Other	<input type="checkbox"/> Parking Restr.	<input type="checkbox"/> Pets Allowed	<input type="checkbox"/> Prior App Sale
<input type="checkbox"/> Leasing Allowed	<input type="checkbox"/> No Pets	<input type="checkbox"/> None	<input type="checkbox"/> Outdoor Prking	<input type="checkbox"/> Pet Restrict.	<input type="checkbox"/> Prior App Lease	<input type="checkbox"/> Sublease allow

Remarks

Public Remarks (1500 Characters MAX)

TBD- Tenant occupied violation free home POS being completed. Great 3 bedroom 2 bath home full basement, large yard and detached ga

Broker Remarks (1000 Characters MAX)

Text or email agent for access 24-48 hr notice tenant occupied do not contract tenants.

Directions (250 Characters MAX)

Off Dunham

Lockbox Yes No Lockbox Serial # (8 digits)

Seller's Signature: _____

Date: 07/02/2020

Seller's Signature: _____

Date: _____

Agent's Signature: _____

Date: _____

Information Deemed Reliable But Not Guaranteed