

Property Address: _____

City State Zip Code

Agent Name: _____ Date Listed: _____ Listing Number: _____

*Status <input type="checkbox"/> New	*Property Subtype <input type="checkbox"/> Apartment <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Villa/Patio Home <input type="checkbox"/> Cabin <input type="checkbox"/> Manufactured on Land <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Farm <input type="checkbox"/> Townhouse	*Asterisk Denotes Required Field* *Agent ID _____ *Office ID _____ Co-Agent ID _____ Co-Office ID _____
*Property Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Senior Living (55+) <input type="checkbox"/> Yes <input type="checkbox"/> No		

*County _____ *Address# _____ Direction _____

*Street Name _____ *Street Type _____

Post Direction _____ Unit# _____ *City _____ *State _____

*Zip Code _____ *Parcel # _____

*Subdivision _____

If County or City is not listed, contact GPRMLS Office

*Listing Price _____

*List Date _____ (Date on Listing Agreement)

*Expiration Date _____

*Cats Allowed Yes No

*Dogs Allowed Yes No

*Non-Smoking Unit Yes No

*Lease Terms _____

*Professionally Managed Yes No

*Section 8 Accepted Yes No

*For Sale Yes No

*Purchase Option Available Yes No

*Application Fee: _____

*Deposit Amount: _____

*Date Available: _____

*Bedrooms _____
(Conforming Only in terms of egress)

*Bathrooms _____

Total Acres _____

Lot Square Ft. _____

*Commission Compensation Code _____

Tax Database ID
 CRS Tax - IA CRS Tax - NE
 Tax ID (Auto-filled)

*# Of Fireplaces _____

*Garage Spaces _____

GAR. Garage Type

<input type="checkbox"/> 1. Attached	<input type="checkbox"/> 4. Tandem	<input type="checkbox"/> 7. Off Street Park
<input type="checkbox"/> 2. Detached	<input type="checkbox"/> 5. Underground	<input type="checkbox"/> 8. Heated
<input type="checkbox"/> 3. Built-In	<input type="checkbox"/> 6. Carport	<input type="checkbox"/> 9. None

Finished Only

Lower Lvl Below Grade SqFt _____ (Multi-level and Tri-level Only)

Lower Lvl Above Grade SqFt _____ (Multi-level and Tri-level Only)

*Main Floor SqFt _____

*2nd Floor SqFt _____

*3rd Floor SqFt _____

*4th Floor SqFt _____

*Finished Below Grade _____

*Finished Abv Grd Sqft(System Calctd)

*Total Finished SqFt (System Calculated)

*Square Foot Source
 Assessor Other Plans

*Year Built _____

*Basement Yes No

Basement % _____

If Basement Yes:

*BSF. Basement Feature

<input type="checkbox"/> 1. Daylight Window	<input type="checkbox"/> 7. Other
<input type="checkbox"/> 2. Crawl Space	<input type="checkbox"/> 8. Full
<input type="checkbox"/> 3. Egress	<input type="checkbox"/> 9. Fully Finished
<input type="checkbox"/> 4. Walkout	<input type="checkbox"/> 10. Partial
<input type="checkbox"/> 5. Walkup	<input type="checkbox"/> 11. Partially Finished
<input type="checkbox"/> 6. Other Window	<input type="checkbox"/> 12. Unfinished

GENERAL

*School District _____ *Grade Schools _____
 *Jr. High School _____ *High School _____

- *Style (Check only one choice)
- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> 1 Story/Ranch | <input type="checkbox"/> 2.5 Story | <input type="checkbox"/> Raised Ranch |
| <input type="checkbox"/> 1.5 Story | <input type="checkbox"/> Bungalow | <input type="checkbox"/> Split Entry |
| <input type="checkbox"/> 1.75 Story | <input type="checkbox"/> Multi-Level | <input type="checkbox"/> Tri-Level |
| <input type="checkbox"/> 2 Story | <input type="checkbox"/> Other | <input type="checkbox"/> Uncategorized |

Branded Virtual Tour _____
 Unbranded Virtual Tour _____
 Branded Video _____
 Unbranded Video _____

	Length	X	Width	Level (1,2,3,4,B,V,W) <small>V = Lower Above Grade W = Lower Below Grade</small>
Living Room	_____	X	_____	_____
Formal Dining	_____	X	_____	_____
Informal Dining	_____	X	_____	_____
Kitchen	_____	X	_____	_____
Kitchen 2	_____	X	_____	_____
Family Room	_____	X	_____	_____
Great Room	_____	X	_____	_____
Rec Room	_____	X	_____	_____
Office	_____	X	_____	_____
Laundry	_____	X	_____	*
Primary Bedroom	_____	X	_____	*
Bedroom 2	_____	X	_____	_____
Bedroom 3	_____	X	_____	_____
Bedroom 4	_____	X	_____	_____
Bedroom 5	_____	X	_____	_____
Bedroom 6	_____	X	_____	_____
Other 1:	_____	X	_____	_____
Other 2:	_____	X	_____	_____
Other 3:	_____	X	_____	_____

Bath Type Totals

Main Floor Bath	2nd Floor Bath	3rd Floor Bath	4th Floor Bath	Below Grade Bath
Full _____	Full _____	Full _____	Full _____	Full _____
3/4 _____	3/4 _____	3/4 _____	3/4 _____	3/4 _____
1/2 _____	1/2 _____	1/2 _____	1/2 _____	1/2 _____
1/4 _____	1/4 _____	1/4 _____	1/4 _____	1/4 _____
Rough In _____	Rough In _____	Rough In _____	Rough In _____	Rough In _____

SHOWING INFORMATION

*Showing Contact Type Agent Broker Other Seller Showing Service

*Showing Phone Number _____

*Showing Instructions (500 Char) _____

*Directions to Property (250) _____

Keybox Provided By

- 1. Combo 4. Sentrilock
- 2. None 5. Supra
- 3. Other

REMARKS

These remarks are to only promote the property. Not allowed: Agent name, phone number, contact information, websites, etc.

Public Remarks (1000 Characters Max) _____

These remarks are the ones to be seen by other real estate agents.

Agent Remarks (1000 Characters Max) _____

These remarks are the ones to be seen by other agents within your firm (including all firm branches).

Office Only Remarks (200 Characters Max) _____

FEATURES (CHECK ALL THAT APPLY IN THIS SECTION)

*APP. Appliances Included

- 1. Range 10. Ice Maker
- 2. Oven 11. Water Softener
- 3. Refrigerator 12. Washer
- 4. Freezer 13. Dryer
- 5. Dishwasher 14. Convection Oven
- 6. Disposal 15. Cooktop
- 7. Compactor 16. Other
- 8. Microwave 17. None
- 9. Indoor Grill

EXF. Exterior Features

- 1. Porch 17. Decorative Lighting
- 2. Patio 18. Tennis Court
- 3. Enclosed Porch 19. Satellite Dish
- 4. Enclosed Patio 20. Accessible
- 5. Covered Deck 21. Zero Step Entry
- 6. Deck/Balcony 22. Other
- 7. Storm Cellar 23. None
- 8. Hot tub/Spa
- 9. Pool In-Ground
- 10. Pool Above Ground
- 11. Dog Run
- 12. Horse Permitted
- 13. Storage Shed
- 14. Out Building
- 15. Sprinkler Sys
- 16. Greenhouse

CLG. Cooling

- 1. Central Air 4. Zoned
- 2. Window Air 5. Other
- 3. Heat Pump 6. None

FEATURES (CHECK ALL THAT APPLY IN THIS SECTION)

- FEN. Fence**
- | | |
|--|-----------------------------------|
| <input type="checkbox"/> 1. Chain Link | <input type="checkbox"/> 6. Iron |
| <input type="checkbox"/> 2. Wood | <input type="checkbox"/> 7. Other |
| <input type="checkbox"/> 3. Full | <input type="checkbox"/> 8. None |
| <input type="checkbox"/> 4. Partial | |
| <input type="checkbox"/> 5. Privacy | |

- HTF. Heating Fuel**
- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 1. Gas | <input type="checkbox"/> 6. Water Source |
| <input type="checkbox"/> 2. Electric | <input type="checkbox"/> 7. Wood |
| <input type="checkbox"/> 3. Oil | <input type="checkbox"/> 8. Other |
| <input type="checkbox"/> 4. Propane | <input type="checkbox"/> 9. None |
| <input type="checkbox"/> 5. Solar | |

- HTT. Heating Type**
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> 1. Forced Air | <input type="checkbox"/> 8. Hot Water |
| <input type="checkbox"/> 2. Heat Pump | <input type="checkbox"/> 9. Steam |
| <input type="checkbox"/> 3. Gravity | <input type="checkbox"/> 10. Zoned |
| <input type="checkbox"/> 4. Baseboard | <input type="checkbox"/> 11. Other |
| <input type="checkbox"/> 5. Radiant | <input type="checkbox"/> 12. None |
| <input type="checkbox"/> 6. Wall | |
| <input type="checkbox"/> 7. Wood Assist | |

- INT. Interior Features**
- | | |
|---|--|
| <input type="checkbox"/> 1. Central Vac | <input type="checkbox"/> 18. Whirlpool |
| <input type="checkbox"/> 2. Security System | <input type="checkbox"/> 19. Zero Step Entry |
| <input type="checkbox"/> 3. Cable Avail | <input type="checkbox"/> 20. Other |
| <input type="checkbox"/> 4. Wetbar | <input type="checkbox"/> 21. None |
| <input type="checkbox"/> 5. Intercom | |
| <input type="checkbox"/> 6. Walk-Up Attic | |
| <input type="checkbox"/> 7. Attic Exh Fan | |
| <input type="checkbox"/> 8. Whole House Exh | |
| <input type="checkbox"/> 9. 9'+ Ceiling | |
| <input type="checkbox"/> 10. Fire Sprinkler | |
| <input type="checkbox"/> 11. Power Humidifier | |
| <input type="checkbox"/> 12. Elect. Air Filters | |
| <input type="checkbox"/> 13. Accessible | |
| <input type="checkbox"/> 14. Exercise Room | |
| <input type="checkbox"/> 15. Two Story Entry | |
| <input type="checkbox"/> 16. LL Daylgt Wndw | |
| <input type="checkbox"/> 17. Elevator | |

- LOT. Lot Description**
- | | |
|---|--|
| <input type="checkbox"/> 1. In City | <input type="checkbox"/> 13. Rolling |
| <input type="checkbox"/> 2. Corner Lot | <input type="checkbox"/> 14. Sloping |
| <input type="checkbox"/> 3. Riverfront | <input type="checkbox"/> 15. Pond/Stream on Prop |
| <input type="checkbox"/> 4. Lakefront | <input type="checkbox"/> 16. Wooded |
| <input type="checkbox"/> 5. Cul-De-Sac | <input type="checkbox"/> 17. Other |
| <input type="checkbox"/> 6. Golf Course Frntg | |
| <input type="checkbox"/> 7. In Subdivision | |
| <input type="checkbox"/> 8. Public Sidewalk | |
| <input type="checkbox"/> 9. Alley | |
| <input type="checkbox"/> 10. Curb and Gutter | |
| <input type="checkbox"/> 11. Curb Cut | |
| <input type="checkbox"/> 12. Level | |

- J. Master Bath Type**
- | | |
|------------------------------------|--|
| <input type="checkbox"/> 1. Full | <input type="checkbox"/> 5. Whirlpool |
| <input type="checkbox"/> 2. 3/4 | <input type="checkbox"/> 6. Double Sinks |
| <input type="checkbox"/> 3. 1/2 | <input type="checkbox"/> 7. Bidet |
| <input type="checkbox"/> 4. Shower | <input type="checkbox"/> 8. None |

- K. Sewer And Water**
- | | |
|---|---|
| <input type="checkbox"/> 1. Public Water | <input type="checkbox"/> 6. Private Sewer |
| <input type="checkbox"/> 2. Private Water | <input type="checkbox"/> 7. Septic |
| <input type="checkbox"/> 3. Rural Water | <input type="checkbox"/> 8. Other |
| <input type="checkbox"/> 4. Well | <input type="checkbox"/> 9. None |
| <input type="checkbox"/> 5. Public Sewer | |

- *M. Landlord Pays**
- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> 1. Gas | <input type="checkbox"/> 5. Sewer |
| <input type="checkbox"/> 2. Electric | <input type="checkbox"/> 6. Cable |
| <input type="checkbox"/> 3. Water | <input type="checkbox"/> 7. Other |
| <input type="checkbox"/> 4. Trash | <input type="checkbox"/> 8. None |

- MBT. Master Bath Type**
- | | |
|------------------------------------|--|
| <input type="checkbox"/> 1. Full | <input type="checkbox"/> 5. Whirlpool |
| <input type="checkbox"/> 2. 3/4 | <input type="checkbox"/> 6. Double Sinks |
| <input type="checkbox"/> 3. 1/2 | <input type="checkbox"/> 7. Bidet |
| <input type="checkbox"/> 4. Shower | <input type="checkbox"/> 8. None |