



**PRDS® REAL ESTATE TRANSFER
DISCLOSURE STATEMENT
DESIGNED FOR USE WITH PRDS® FORMS**



THIS DISCLOSURE STATEMENT CONCERNS THE REAL PROPERTY SITUATED IN THE CITY OF Redwood City, COUNTY OF San Mateo, STATE OF CALIFORNIA, DESCRIBED AS 2020 Helena Way. THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE ABOVE DESCRIBED PROPERTY IN COMPLIANCE WITH SECTION 1102 OF THE CIVIL CODE AS OF (DATE) _____. IT IS NOT A WARRANTY OF ANY KIND BY THE SELLER(S) OR ANY AGENT(S) REPRESENTING ANY PRINCIPAL(S) IN THIS TRANSACTION, AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE PRINCIPAL(S) MAY WISH TO OBTAIN.

I. COORDINATION WITH OTHER DISCLOSURE FORMS:

This Real Estate Transfer Disclosure Statement is made pursuant to Section 1102 of the Civil Code. Other statutes require disclosures, depending upon the details of the particular real estate transaction (for example: special study zone and purchase money liens on residential property).

Substituted Disclosures: The following disclosures and other disclosures required by law, including the Natural Hazard Disclosure Report/Statement that may include airport annoyances, earthquake, fire, flood, or special assessment information, have or will be made in connection with this real estate transfer, and are intended to satisfy the disclosure obligations on this form, where the subject matter is the same:

- Inspection reports completed pursuant to the contract of sale or receipt for deposit.
- Additional inspection reports or disclosures: _____

No substituted disclosures for this transfer.

II. SELLER'S INFORMATION:

The Seller discloses the following information with the knowledge that even though this is not a warranty, prospective Buyers may rely on this information in deciding whether and on what terms to purchase the subject property. Seller hereby authorizes any agent(s) representing any principal(s) in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated sale of the property.

THE FOLLOWING ARE REPRESENTATIONS MADE BY THE SELLER(S) AND ARE NOT THE REPRESENTATIONS OF THE AGENT(S), IF ANY. THIS INFORMATION IS A DISCLOSURE AND IS NOT INTENDED TO BE PART OF ANY CONTRACT BETWEEN THE BUYER AND SELLER.

Seller is is not occupying the property.

A. The subject property has the items checked below (read across):*

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Range | <input checked="" type="checkbox"/> Oven | <input checked="" type="checkbox"/> Microwave |
| <input checked="" type="checkbox"/> Dishwasher | <input type="checkbox"/> Trash Compactor | <input checked="" type="checkbox"/> Garbage Disposal |
| <input checked="" type="checkbox"/> Washer/Dryer Hookups | <input checked="" type="checkbox"/> Smoke Detector(s) | <input type="checkbox"/> Rain Gutters |
| <input type="checkbox"/> Burglar Alarms | <input checked="" type="checkbox"/> Carbon Monoxide Device(s)* | <input type="checkbox"/> Fire Alarm |
| <input type="checkbox"/> T.V. Antenna | <input type="checkbox"/> Satellite Dish | <input type="checkbox"/> Intercom |
| <input checked="" type="checkbox"/> Central Heating | <input checked="" type="checkbox"/> Central Air Conditioning | <input type="checkbox"/> Evaporator Cooler(s) |
| <input type="checkbox"/> Wall/Window Air Conditioning | <input type="checkbox"/> Sprinklers | <input type="checkbox"/> Public Sewer Systems |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Sump Pump | <input type="checkbox"/> Water Softener |
| <input checked="" type="checkbox"/> Patio/Decking | <input type="checkbox"/> Built-in Barbeque | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Sauna | | |
| <input type="checkbox"/> Hot Tub <input type="checkbox"/> Locking Safety Cover* | <input type="checkbox"/> Pool <input type="checkbox"/> Child Resistant Barrier* | <input type="checkbox"/> Spa <input type="checkbox"/> Locking Safety Cover* |
| <input type="checkbox"/> Security Gate(s) | <input checked="" type="checkbox"/> Automatic Garage Door Opener(s)* | <input type="checkbox"/> Number of Remote Controls _____ |
| <input checked="" type="checkbox"/> Garage <input type="checkbox"/> Attached | <input checked="" type="checkbox"/> Not Attached | <input type="checkbox"/> Carport |
| <input type="checkbox"/> Pool/Spa Heater: <input type="checkbox"/> Gas | <input type="checkbox"/> Solar | <input type="checkbox"/> Electric |
| <input checked="" type="checkbox"/> Water Heater: <input checked="" type="checkbox"/> Gas | <input checked="" type="checkbox"/> Water Heater Anchored, Braced, or Strapped* | |
| <input checked="" type="checkbox"/> Water Supply: <input checked="" type="checkbox"/> City | <input type="checkbox"/> Well | <input type="checkbox"/> Private Utility or Other |
| <input checked="" type="checkbox"/> Gas Supply: <input checked="" type="checkbox"/> Utility | <input type="checkbox"/> Bottled | <input checked="" type="checkbox"/> Water-Conserving Plumbing Fixtures |
| <input checked="" type="checkbox"/> Window Screens | <input type="checkbox"/> Window Security Bars | <input type="checkbox"/> Quick Release Mechanism on Bedroom Windows* |

[*See related note, page 2]

Exhaust Fan(s) in Bathrooms, Kitchen 220 Volt Wiring in Garage Fireplace(s) in Living room
 Gas Starter _____ Roof(s): Type Asphalt Shingles Age: Don't know (approx.)
 Other: NXest thermostat, tankless water heater

Are there, to the best of your (Seller's) knowledge, any of the above that are not in operating condition? Yes No.
 If yes, then describe. (Attach additional sheets if necessary.): _____

(* see note on Page 2)

Buyer and Seller acknowledge receipt of a copy of this page.

Seller's Initials (_____) (_____)

Buyer's Initials (_____) (_____)

PRDS® REAL ESTATE TRANSFER DISCLOSURE STATEMENT

B. Are you (Seller) aware of any significant defects/malfunctions in any of the following? Yes No. If yes, check appropriate space(s) below.

- Interior Walls Ceilings Floors Exterior Walls Insulation Roof(s) Windows Doors Foundation Slab(s)
- Driveways Sidewalks Walls/Fences Electrical Systems Plumbing/Sewers/Septics Other Structural Components

Describe: _____

If any of the above is checked, explain. (Attach additional sheets if necessary.): See overflow paragraph 1

*Installation of a listed appliance, device, or amenity is not a precondition of sale or transfer of the dwelling. The carbon monoxide device, garage door opener, or child-resistant pool barrier may not be in compliance with the safety standards relating to, respectively, carbon monoxide device standards of Chapter 8 (commencing with Section 13260) of Part 2 of Division 12 of, automatic reversing device standards of Chapter 12.5 (commencing with Section 19890) of Part 3 of Division 13 of, or the pool safety standards of Article 2.5 (commencing with Section 115920) of Chapter 5 of Part 10 of Division 104 of, the Health and Safety Code. The water heater may not be anchored, braced, or strapped in accordance with Section 19211 of the Health and Safety Code. Window security bars may not have quick-release mechanisms in compliance with the 1995 edition of the California Building Standards Code. Section 1101.4 of the Civil Code requires all single-family residences built on or before January 1, 1984, to be equipped with water-conserving plumbing fixtures after January 1, 2017. Additionally, on and after January 1, 2014, a single-family residence built on or before January 1, 1994, that is altered or improved is required to be equipped with water-conserving plumbing fixtures as a condition of final approval. Fixtures in this dwelling may not comply with Section 1101.4 of the Civil Code.

C. Are you (Seller) aware of any of the following:

1. Substances, materials, or products which may be an environmental hazard such as, but not limited to, asbestos, formaldehyde, radon gas, lead-based paint, mold, fuel or chemical storage tanks, and contaminated soil or water on the subject property Yes No
2. Features of the property shared in common with adjoining landowners, such as walls, fences, and driveways, whose use or responsibility for maintenance may have an effect on the subject property Yes No
3. Any encroachments, easements or similar matters that may affect your interest in the subject property . . Yes No
4. Room additions, structural modifications, or other alterations or repairs made without necessary permits Yes No
5. Room additions, structural modifications, or other alterations or repairs not in compliance with building codes Yes No
6. Fill (compacted or otherwise) on the property or any portion thereof Yes No
7. Any settling from any cause, or slippage, sliding, or other soil problems Yes No
8. Flooding, drainage or grading problems Yes No
9. Major damage to the property or any of the structures from fire, earthquake, floods, or landslides Yes No
10. Any zoning violations, nonconforming uses, violations of "setback" requirements Yes No
11. Neighborhood noise problems or other nuisances Yes No
12. CC&R's or other deed restrictions or obligations Yes No
13. Homeowners' Association which has any authority over the subject property Yes No
14. Any "common area" (facilities such as pools, tennis courts, walkways, or other areas co-owned in undivided interest with others) Yes No
15. Any notices of abatement or citations against the property Yes No
16. Any lawsuits by or against the Seller threatening to or affecting this real property, claims for damages by the Seller pursuant to Section 910 or 914 threatening to or affecting this real property, claims for breach of warranty pursuant to Section 900 threatening to or affecting this real property, or claims for breach of an enhanced protection agreement pursuant to Section 903 threatening to or affecting this real property, including any lawsuits or claims for damages pursuant to Section 910 or 914 alleging a defect or deficiency in this real property or "common areas" (facilities such as pools, tennis courts, walkways, or other areas co-owned in undivided interest with others) Yes No

If the answer to any of these is yes, explain. (Attach additional sheets if necessary): See overflow paragraph 2

D. Seller Certificaton:

1. The Seller certifies that the property, as of the close of escrow, will be in compliance with Section 13113.8 of the Health and Safety Code by having operable smoke detector(s) which are approved, listed, and installed in accordance with the State Fire Marshal's regulations and applicable local standards.
2. The Seller certifies that the property, as of the close of escrow, will be in compliance with Section 19211 of the Health and Safety Code by having the water heater tank(s) braced, anchored, or strapped in place in accordance with applicable law.

Buyer and Seller acknowledge receipt of a copy of this page.

Seller's Initials (_____) (_____)

Buyer's Initials (_____) (_____)

Property: 2020 Helena Way Date _____

Seller certifies that the information herein is true and correct to the best of the Seller's knowledge as of the date signed by the Seller.

Seller _____ Date _____

Susan Yuexiu Li

Seller _____ Date _____

III. AGENT'S INSPECTION DISCLOSURE:

(To be completed only if the Seller is represented by an agent in this transaction.)

THE UNDERSIGNED, BASED ON THE ABOVE INQUIRY OF THE SELLER(S) AS TO THE CONDITION OF THE PROPERTY AND BASED ON A REASONABLY COMPETENT AND DILIGENT VISUAL INSPECTION OF THE ACCESSIBLE AREAS OF THE PROPERTY IN CONJUNCTION WITH THAT INQUIRY, STATES THE FOLLOWING:

- Agent notes no items for disclosure.
- See attached Real Estate Agent's Visual Inspection Disclosure.
- Agent notes the following items:

Agent (Broker Representing Seller) JLee Realty By _____ Date _____
(Please Print) (Associate Licensee or Broker Signature)
Juliana Lee

IV. AGENT'S INSPECTION DISCLOSURE:

(To be completed only if the agent who has obtained the offer is other than the agent above.)

THE UNDERSIGNED, BASED ON A REASONABLY COMPETENT AND DILIGENT VISUAL INSPECTION OF THE ACCESSIBLE AREAS OF THE PROPERTY, STATES THE FOLLOWING:

- Agent notes no items for disclosure.
- See attached Real Estate Agent's Visual Inspection Disclosure.
- Agent notes the following items:

Agent (Broker obtaining the Offer) _____ By _____ Date _____
(Please Print) (Associate Licensee or Broker Signature)

V. BUYER(S) AND SELLER(S) MAY WISH TO OBTAIN PROFESSIONAL ADVICE AND/OR INSPECTIONS OF THE PROPERTY AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN A CONTRACT BETWEEN BUYER(S) AND SELLER(S) WITH RESPECT TO ANY ADVICE/INSPECTIONS/DEFECTS.

I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS STATEMENT.

Seller _____ Date _____ Buyer _____ Date _____

Susan Yuexiu Li

Seller _____ Date _____ Buyer _____ Date _____

Agent (Broker Representing Seller) JLee Realty By _____ Date _____
(Please Print) (Associate Licensee or Broker Signature)
Juliana Lee

Agent (Broker obtaining the Offer) _____ By _____ Date _____
(Please Print) (Associate Licensee or Broker Signature)

SECTION 1102.3 OF THE CIVIL CODE PROVIDES A BUYER WITH THE RIGHT TO RESCIND A PURCHASE CONTRACT FOR AT LEAST THREE DAYS AFTER THE DELIVERY OF THIS DISCLOSURE IF DELIVERY OCCURS AFTER THE SIGNING OF AN OFFER TO PURCHASE. IF YOU WISH TO RESCIND THE CONTRACT, YOU MUST ACT WITHIN THE PRESCRIBED PERIOD.

A REAL ESTATE BROKER IS QUALIFIED TO ADVISE ON REAL ESTATE. IF YOU DESIRE LEGAL ADVICE, CONSULT YOUR ATTORNEY.

NOTE: EXEMPT TRANSFERS (TDS not required) include, but are not limited to, the following: transfers by a fiduciary of a decedent's trust or estate; transfers by foreclosure of trustee's sale or by deed in lieu of foreclosure; transfers to a spouse or a direct blood relative; transfers among co-owners; transfers requiring a "public report" (Bus. & Prof Code § 11018.1) or pursuant to Bus. & Prof Code § 11010.4.



PRDS® SUPPLEMENTAL SELLER CHECKLIST
DESIGNED FOR USE WITH PRDS® FORMS



Property: 2020 Helena Way, Redwood City, CA 94061

THE INFORMATION ENTERED ON THIS DISCLOSURE FORM IS PROVIDED BY SELLER ONLY. THIS DOCUMENT IS SOLELY A SUPPLEMENTAL DISCLOSURE; IT IS NOT, AND SHALL NOT BE DEEMED TO CONSTITUTE, ANY PART OF THE PURCHASE CONTRACT.

⚠ SELLER CAUTION: SELLER IS URGED TO CAREFULLY REVIEW THE **PRDS SELLER ADVISORY REGARDING COMPLETING THE TDS AND OTHER DISCLOSURE FORMS** PRIOR TO COMPLETING THIS FORM. SELLER SHOULD CAREFULLY REVIEW ALL OF THE DEFINITIONS IN PART I BEFORE ANSWERING THE QUESTIONS IN PARTS II-V. SELLER SHOULD ALSO PROVIDE BUYER WITH ALL DOCUMENTS IN SELLER'S POSSESSION.

⚠ BUYER CAUTION: BUYER IS URGED TO CAREFULLY REVIEW THE **PRDS SAN MATEO/SANTA CLARA COUNTIES ADVISORY** IN CONNECTION WITH REVIEWING THIS FORM.

⚠ GENERAL CAUTION: The information provided in this Disclosure form is from Seller and NOT the Broker(s) or individual real estate licensees. Unless specified in writing, the real estate licensees involved in the transaction have not verified, and will not verify any of the information provided by Seller. Although licensed to list, sell and lease real estate, Broker(s) may not have expertise on the information in this form.

SELLER SHALL RESPOND TO EACH AND EVERY QUESTION BELOW

For all questions below, Seller shall provide detailed explanations for all PAST and PRESENT issues, conditions, and/or problems (whether or not previous efforts have been made to correct the issues, conditions and/or problems). Seller shall also attach a copy of all requested Documents as that term is defined below. Please attach additional pages if necessary.

PART I. DEFINITION OF TERMS: When there are terms in any of the questions that start with a capital letter, refer to the full definitions listed below and/or as defined in each question, so as to respond as completely as possible.

The term "**Disclosures**" in this form includes but is not limited to the Transfer Disclosure Statement (TDS), Supplemental Sellers Checklist (SSC), Seller Property Questionnaire (SPQ), Exempt Seller Disclosure (ESD), Natural Hazard Disclosure Statement (NHDS), Lead Addendum, Agent Visual Inspection, or any other written statement of knowledge about the Property completed by anyone.

The term "**Reports**" in this form includes but is not limited to structural pest, general home inspection, contractor inspection, geological or soils report, roof, pool/spa, septic, well, chimney, engineering, safety, lead and other environmental hazards or any other report or study regarding component(s) or issues, conditions and/or problems with any aspect of the Property.

The term "**Documents**" in this form includes but is not limited to notices, letters or rulings from any governmental entity, Reports, Disclosures, proposals, bids, estimates, invoices, billing statements, contracts, plans, drawings, videos, photographs, pictures in any format, warranties, information and operational manuals, permits, letters, and/or electronic communications including emails and social media postings in Seller's possession.

The term "**Work**" in this form includes, but not limited to, any alterations, improvements, modifications, additions, remediations, renovations, corrections and/or repairs made to the Property whether or not there are or were any issues, conditions and or problems with the Property.

The term "**Maintenance**" or "**Maintain**" in this form includes but is not limited to any Work or necessary tasks that are ongoing and/or repeated over any period of time in order to avoid or prevent issues, conditions or problems with the Property, any components of the Property, or any equipment at the Property from occurring or recurring.

PART II. DISCLOSURES AND REPORTS (please refer to Definitions of Disclosures/Reports in Part I):

A. Do you have any Disclosures and/or Reports regarding the Property that you received before or prior to your ownership of the Property? YES NO
If Yes, attach all Disclosures and/or Reports.

B. Do you have any Reports regarding the Property that you have received during your ownership? YES NO
If Yes, attach all Reports.

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

PART III. ALTERATIONS, IMPROVEMENTS, REMEDIATIONS, MODIFICATIONS, ADDITIONS, CORRECTIONS AND/OR REPAIRS (“WORK”) (please refer to Definition of Work in Part I):

A. Do you have any Documents (including but not limited to permits) regarding any Work done on and/or at the Property before or prior to your ownership. **If Seller does not have a copy of any or all permits, Buyer may obtain the information from the contractor(s) listed in IIIB below.** YES NO
If Yes, attach those Documents.

B. Aside from any information that is contained in the Documents that you are providing, do you have any additional knowledge about Work done on the Property before or prior to your ownership? YES NO
If Yes, state:

What Work was done (attach additional pages if necessary)?	Permits obtained?	Permits Finaled?
1. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

For all Work listed above in IIIB (or on any additional pages), please state the following:

Who performed the Work & their contact information?	Were they licensed?
1. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

C. Do you have any Documents (including but not limited to permits) regarding any Work done on and/or at the Property during your ownership. **If Seller does not have a copy of any or all permits, Buyer may obtain the information from the contractor(s) listed in IIID below.** YES NO
If Yes, attach those Documents.

D. Aside from any information that is contained in the Documents that you are providing, do you have any additional knowledge about Work done on the Property during your ownership? YES NO

What Work was done (attach additional pages if necessary)?	Permits obtained?	Permits Finaled?
1. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

For all Work listed above in IIID (or on any additional pages), please state the following:

Who performed the Work & their contact information?	Were they licensed?
1. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

E. Was the Property built before 1978? YES NO

If Yes, answer all of the following 4 questions:

1. Are you aware if any Work on the Property was done to lead-based paint surfaces? YES NO

2. **If Yes to E1**, are you aware whether the Work was done in compliance with the Environmental Protection Agency Lead-Based Paint Renovation Rule that went into effect in 2010? YES NO

3. **If Yes to E1**, state the following: (a) who performed the Work on lead-based paint surfaces and their contact information; (b) when was the Work performed; (c) was the Work completed; (d) the location of each lead-based paint surface where Work was performed; (e) are there any other lead-based paint surfaces where Work has **not** been performed?

4. Do you have any Documents relating to the past or current existence of and/or Work on lead-based paint surfaces on the Property? YES NO

If Yes, attach all Documents relating to past or current existence of and/or Work on lead-based paint surfaces on the Property. See also the California Residential Environmental Hazards Booklet.

F. Have you experienced any issues, conditions and/or problems with the Work described in **PART III Sections A, B, C, D and/or E?** YES NO

If Yes, provide all of the following information for each issue, condition and/or problem (Attach additional pages if necessary):

1. What was the nature of the issues, conditions and/or problems? _____

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

2. What steps were taken to correct the issues, conditions and/or problems? _____
3. What Work was done? _____
4. Who did the Work? _____
5. Was the person/entity who did the Work licensed? YES NO
If Yes, what type of license? _____
6. When was the Work done? _____
7. How often was the Work done? _____
8. Were permits obtained for the Work? YES NO
9. If Yes, were the permits finalized? YES NO
10. Do you have any Documents relating to issues, conditions and/or problems described in any of the **Questions in Sections F-I through F-10?** YES NO
If Yes, attach all Documents.

PART IV. MAINTENANCE (please refer to Definition of Maintenance/Maintain in Part I):

- A. Describe what you and/or others on your behalf (e.g., manufacturers, professionals, handymen, etc.) have done to Maintain the Property: _____
- B. Are you aware of any Maintenance that has been recommended by anyone (including any former owner) and/or is required to be performed on any aspect of the Property? YES NO
If Yes, state what Maintenance has been recommended and/or done: _____
- C. Are you aware of any Maintenance that has **not** been done on the Property or was deferred? YES NO
If Yes, state what Maintenance has **not** been done or was deferred: _____
- D. Attach all Documents regarding any **MAINTENANCE whether MAINTENANCE was done or was not done.**

PART V. SPECIFIC SELLER DISCLOSURES:

- A. **WATER INTRUSION.** (Including but not limited to leaks, moisture and/or persistent dampness, whether or not the area dried out):
 1. Are you aware of or have you experienced any Water Intrusion into, from and/or through any aspect of the Property? YES NO
If Yes, check all applicable locations:
 Roofs and/or gutters over any structure Attics Decks and/or balconies irrespective of location
 Skylights and/or windows Siding Doors Interior of any structure Floors and/or flooring surfaces
 Basements and/or crawl spaces OTHER _____
 2. For each of the areas where there has been Water Intrusion, describe all of the following: (a) what type of Water Intrusion; (b) the frequency of the Water Intrusion; (c) what damage occurred, if any; (d) what Work was done; (e) who did the Work and when; (f) if Work was done, did the Water Intrusion recur? _____
3. Attach all Documents regarding any past or current **WATER INTRUSION.**

- B. **SURFACE/SUBSURFACE WATER/MOISTURE CONTROL.** Are you aware of or have you experienced and/or used any of the following:

	Your Property	Adjacent Property
1. Standing/ponding water?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Flooding?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Surface or subsurface streams, creeks, springs, aquifers?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. High water table?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Drainage system, sub-drain/French drain/curtain drain?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Sump-pump(s)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

- 7. Sub-area basement fan(s)? YES NO YES NO
- 8. Moisture barrier(s)? YES NO YES NO
- 9. Water run-off to or from your Property? YES NO YES NO
- 10. Any required storm water management, retention and/or dispersion mechanism? YES NO YES NO
- 11. Any other water issues, conditions and/or problems? YES NO YES NO

If Yes to any of the Questions in Sections B-1 through B-11, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions or problems recur? _____

Attach all Documents regarding any past and/or current **SURFACE/SUBSURFACE WATER/MOISTURE CONTROL.**

C. CRACKS, SETTLEMENT, MOVEMENT, SLIPPAGE OR INSTABILITY.

1. Are you aware of past or present (whether or not Work was performed) exterior and/or interior **CRACKS** in any of the following (**check all that apply**): Foundation Steps Stairs Patios Decks Balconies Basement Crawlspace Boundary walls Retaining walls Walkways Sidewalks Driveways Chimney(s) Ceilings Beams Doorways Interior walls Exterior walls Floors Slabs Hardscape OTHER _____ **NONE**

If Yes, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current **CRACKS.**

2. Are you aware of past or present (whether or not Work was performed) **SETTLEMENT, MOVEMENT, SLIPPAGE OR INSTABILITY** in any of the following (**check all that apply**): Foundation Steps Stairs Patios Decks Balconies Basement Crawlspace Boundary walls Retaining walls Walkways Sidewalks Driveways Chimney(s) Ceilings Beams Doorways Interior walls Exterior walls Floors Slabs Hardscape OTHER _____ **NONE**

If Yes, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current **SETTLEMENT, MOVEMENT, SLIPPAGE OR INSTABILITY.**

3. Are you aware of the past and/or current use of any of the following **DEVICES (If Yes, check all that apply)**: Foundation jacks Foundation pier supports Shims OTHER _____ **NONE**

If Yes to any of the Questions in Section C-1 through C-3, describe all of the following: (a) the issues, conditions and/or problems which necessitated each device; (b) the specific location of each device; (c) who installed or used each device and when; (d) when was each device installed or used; (e) did any of the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current **DEVICES.**

D. SOILS. Are you aware of or have you experienced any issues, conditions and/or problems with the following:

- | | Your Property | Adjacent Property |
|---|--|--|
| 1. Landfill (of any material)? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Grading? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. Compaction? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4. Cut and fill? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 5. Landslide? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 6. Earth movement, slippage or sliding? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 7. Earth Settlement? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 8. Erosion? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 9. Any other soil issues, conditions and/or problems? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

If Yes to any of the Questions in Section D-1 through D-9, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions and/or problems recur? _____

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

Attach all Documents regarding any past and/or current **SOILS** issues, conditions and/or problems.

E. EXTERIOR ELEMENTS. Are you aware of the following (If Yes, check all that apply):

- 1. Repair, restoration, replacement (full or partial) of any of the following: Roof Gutters Downspouts Eaves
 Awnings Skylights Steps Stairs Patios Decks Balconies Siding Windows Hardspace
 OTHER _____ NONE
- 2. Blockages in Gutters Downspouts OTHER _____ NONE

If Yes to any of the Questions in Section E-1 through E-2, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions and/or problems recur?

Attach all Documents regarding any past and/or current issues, conditions and/or problems with **EXTERIOR ELEMENTS**.

F. INTERIOR ELEMENTS. Are you aware of or have you experienced any issues, conditions and/or problems with the following:

- 1. Squeaking, sloping or out-of-level floors? YES NO
- 2. Stains, scratches, discoloration, warping, cupping, chipping, cracking, sponginess, or other defects (including those covered by rugs or furnishings) relating to wood, tile, linoleum, stone or any other flooring surface? YES NO
- 3. Carpets that are damaged or defective (e.g., stains, spots, tears or odors)? YES NO
- 4. Windows and/or doors that stick or bind, are out of plumb, fail to latch, fail to open or close with relative ease, or that otherwise fail to operate properly (whether continuously or seasonally)? YES NO
- 5. Windows and/or doors that are drafty and/or emit noise caused by wind? YES NO
- 6. Glass in any window, skylight, door (including shower door), or other feature or component of the property that is not "safety glass"? YES NO
- 7. Glass in any window, skylight, door (including shower door), or other feature or component of the property that is cracked, chipped or broken? YES NO
- 8. Seal failure or other defect in any multi-pane, thermo-pane windows or skylights? YES NO
- 9. Shutters (interior), blinds and/or other window coverings that are damaged or defective (e.g. stains, spots, tears, odors, and/or malfunctions)? YES NO

If Yes to any of the Questions in Sections F-1 through F-9, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions and/or problems recur?

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the **INTERIOR ELEMENTS**.

G. HEATING SYSTEM(S) (including but not limited to the furnace, other equipment generating or providing heat, thermostat, registers, heat pumps, vents and/or duct work). If there are multiple systems and/or multiple zones, specify which system and devices are referenced in response to each of the following Questions:

- 1. Describe the type of Heating System(s) in the Property including the source of heat, such as electricity, gas, propane or any other source: _____
- 2. Have you ever used any supplemental heating devices (e.g. space heaters)? YES NO
If Yes, state which room(s) and frequency of use: _____
- 3. What is the approximate age of the heating system(s)? Years: _____
- 4. When was the Heating System(s) last serviced and by whom? Date: _____
By: _____
- 5. Are there any rooms or areas in the structure that are not directly served by the Heating System(s) and/or are not adequately heated by the Heating System? YES NO
- 6. Are you aware of any issues, conditions or problems with any aspect of the Heating System(s)? YES NO
- 7. Are you aware of any aspect of the Heating System(s) that has not been used in the last twelve (12) months? YES NO

If Yes to any Questions in Sections G-5,G-6 and/or G-7 describe all of the following: (a) the issues, conditions and/or problems (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the **HEATING SYSTEM(S)**.

H. AIR CONDITIONING ("A/C") SYSTEM(S) (including but not limited to the compressor, other equipment generating cool air, thermostat, registers, vents and/or duct work). If there are multiple systems and/or multiple zones, specify which system

Seller's Initials: (_____) (_____) **Buyer's Initials:** (_____) (_____)

and devices are referenced in response to each of the following questions: **Not Applicable** - Property does not have A/C

1. Describe the type of Air Conditioning System(s) in the Property including the power source, such as electricity, propane or any other source: _____
2. Have you ever used any supplemental devices to cool the Property (e.g. fans)? YES NO
If Yes, state in which room(s) and frequency of use: _____
3. What is the approximate age of the Air Conditioning System(s)? Years _____
4. When was the Air Conditioning System(s) last serviced and by whom? Date: _____ By: _____
5. Are there any rooms or areas in the structure that are not directly served by the Air Conditioning System(s) and/or are not adequately cooled by the Air Conditioning System(s)? YES NO
6. Are you aware of any issues, conditions and/or problems with any aspect of the Air Conditioning System(s)? YES NO
7. Are you aware of any aspect of the Air Conditioning System(s) that has not been used in the last twelve (12) months? YES NO

If Yes to any Questions in Sections H-5, H-6 and/or H-7, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the **AIR CONDITIONING SYSTEM(S)**.

I. ELECTRICAL SYSTEM(S), FIXTURES AND APPLIANCES (including but not limited to the transformer, meter, panel, circuit breakers, fuses, circuits, wiring, control panels or instruments, switches, receptacles, fixtures, and appliances):

Are you aware of or have you experienced any issues, conditions and/or problems with any of the following aspects of the Electrical System(s):

1. The installation, repair, or Work performed to that system(s) by you or by any other person or company? YES NO
2. Failure of any component of the Electrical System(s)? YES NO
3. Any non-functioning switches, outlets or receptacles? YES NO
4. Any lights that are non-functioning, flickering and/or dimming? YES NO
5. Blown fuses, tripped circuit breakers, GFI button trips, arcing, and/or shorting? YES NO
6. Any ungrounded outlets, switches or other electrical fixtures? YES NO
7. Shorts, ground or arc faults, overloading, and/or poor circuit wire connections? YES NO
8. Any fixture, appliance, or any other aspect of the Electrical System(s) that has not been used within the past twelve (12) months? YES NO
9. Any fixtures or appliances that are not visible (such as central vacuums) whether or not those fixtures or appliances are operable? YES NO
10. Any type of back-up generator or electrical storage device in use at the Property at any time? YES NO

If Yes to any of the Questions in Sections I-1 through I-10, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the **ELECTRICAL SYSTEM(S)**.

J. SOLAR/PHOTOVOLTAIC AND SUPPLEMENTAL ELECTRICAL SYSTEMS. (including but not limited to fixed or movable panels, mounting racks, cabling, array disconnect panel, inverter, battery storage, meters, portable or permanently installed generators, panels, switches, networked/connected systems.)

1. Is there any Solar/Photovoltaic and Supplemental Electrical System(s) used at the Property or any component thereof? YES NO

If Yes, check all applicable boxes: Owned Leased Financed Power Purchase Agreement

If Yes, state the name of the company with the Lease, Lien and/or Power Purchase Agreement: _____

Attach a copy of all applicable documents (e.g., contracts, leases, notes, security instruments, tax bills, etc.)

2. Detail all applicable fees and costs related to the Solar/Photovoltaic and Supplemental Electrical System(s)

Any liens secured by the Property?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, state balance \$ _____
Any fees detailed on a property tax bill?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Any monthly fees and costs?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, state amount \$ _____
Any costs to own rather lease the system(s)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, state amount \$ _____
Any transfer fee?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, state amount \$ _____

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3. Are you aware of or have you experienced any issues, conditions and/or problems with the use, leasing or ownership of the Solar/Photovoltaic and Supplemental Electrical System(s)? YES NO
If Yes, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems;
 (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions or problems with the **SOLAR/PHOTOVOLTAIC AND SUPPLEMENTAL ELECTRICAL SYSTEMS**.

K. COMMUNICATION DEVICE(S); ENTERTAINMENT DEVICE(S); SECURITY SYSTEM(S).

1. TELEPHONE SERVICE. Your Phone service is provided by (**check all that apply**): Land Line Cellular Satellite Internet (e.g. VOIP) Other _____ **NONE**

Identify your phone service provider(s): _____

Have you investigated alternative Service Provider(s) YES NO

If **YES**, identify the results of that investigation _____

2. INTERNET SERVICE. Your Internet service at the Property is provided by (**check all that apply**): Cable DSL Fiber Optic Cellular Phone Service Satellite Other _____ **NONE**

Identify your Internet Service Provider(s) (e.g., cable, satellite, telephone, etc): _____

Have you investigated alternative Service Provider(s) YES NO

If **YES**, identify the results of that investigation _____

3. TELEVISION SERVICE. Your Television service/reception at the Property is provided by (**check all that apply**): Cable DSL Fiber Optic Cable Antenna Satellite/Dish Other _____ **NONE**

Identify your television Service Provider(s) (e.g., cable, satellite, telephone, etc): _____

Have you investigated alternative Service Provider(s) YES NO

If **YES**, identify the results of that investigation _____

4. COMMUNICATION & DATA. Is the Property wired with any of the following (**check all that apply**):
 TV (coaxial) Cable Computer Networking Cable Fiber Optic Cable Data Line
 OTHER _____ **NONE**

If you checked any box in **K-4**, for each type of wiring/cable, state which rooms at the Property have outlets: _____

Have you investigated alternative systems(s) YES NO

If **YES**, identify the results of that investigation _____

5. HOME AUTOMATION AND SECURITY. Is the Property equipped with any of the following Home Automated or Smart Devices or Systems including, but not limited to, WiFi, Bluetooth, Cable or Hardwire Connected Devices?

(**check all that apply**):

- Security Cameras Intrusion/Motion Detection Video/Audio Doorbells Locks Intercom
 Door/Gate/Garage Door Control Thermostat/Climate Control Interior Lighting Window Coverings
 Skylights Audio/Video Entertainment Control Switches Landscape features (irrigation, lighting, water features)
 Awnings Appliances (specify: _____) Other _____ **NONE**

Is any additional equipment required to operate the listed devices or systems above YES NO

If you checked "**Yes**", specify what equipment is needed: _____

Identify your Home Automation Service Provider(s) _____

Have you investigated alternative Service Provider(s) YES NO

If **YES**, identify the results of that investigation _____

(a) If you checked any box in Section K-5, are any of these systems leased (rather than owned)? . . . YES NO

If **Yes**, attach all Documents regarding the lease(s).

(b) If you checked any box in Section K-5, are any of these systems monitored offsite by a company? YES NO

(c) If you checked "**Yes**" to Sections K-5a and/or K-5b, identify the company(ies) and attach all Documents regarding the leasing and/or offsite company(ies): _____

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

6. ISSUES, CONDITIONS, PROBLEMS AND/OR LIMITATIONS:

(a) Have you had any ongoing or recurring issues, conditions and/or problems with the use, capacity or service of any of the devices or systems in any **Questions in Sections K-1 through K-5?** YES NO

If Yes, describe in detail: (1) all such issues, conditions, and/or problems; (2) the frequency of the issues, conditions and/or problems; (3) what corrective Work was done and by whom; and (4) if Work was done, did any of the issues, conditions and/or problems recur? Attach all Documents. _____

(b) Are you aware of any limitations or restrictions applicable to the installation/wiring, availability, capacity, number and location, and/or use of any of the items or systems at the Property that are listed in any of the **Questions in Sections K-1 through K-5** whether or not you own or lease those items? YES NO

If Yes, describe in detail all such limitations or restrictions and attach all Documents. _____

L. NATURAL GAS AND/OR PROPANE:

Are you aware of any appliances or devices that use natural gas and/or propane on or for the Property? YES NO

If Yes, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the use of **NATURAL GAS AND/OR PROPANE**.

M. WATER SUPPLY AND/OR WATER PLUMBING SYSTEM(S) (including but not limited to water supply lines, meters, shutoff valves, pipes, overflow pipes, drains, outlets, traps, cleanout plugs, vents, faucets, fixtures, toilets, sinks, tubs, showers, thermostats, and control panels):

1. Are you aware of any past or current issues, conditions and/or problems with the Water Supply and/or the Water Plumbing System(s)? YES NO

2. The installation, repair, or Work performed to the Water Supply and/or the Water Plumbing System(s) by you or by any other person or company? YES NO

3. Failure of any component of the Water Supply and/or the Water Plumbing System(s) YES NO

4. Are you aware of any plumbed appliances (for example, refrigerator ice maker/water dispenser, instant hot water dispenser) that have failed to operate in any way? YES NO

5. Are you aware of any component of the Water Supply, including plumbed appliances, or Water Plumbing System(s) that have not been used within the last twelve (12) months? YES NO

6. Are you aware of any past or current water pipe leakage either within the structure and/or on the on the Property? YES NO

7. Are you aware of any past and/or present:

(a) High or low water pressure problems at the Property? YES NO

(b) Any problem with the water supply, purity, quality, taste or odor? YES NO

(c) Excessive delays in drawing hot water to any faucet? YES NO

(d) Any rust, sediment, cloudiness or discoloration in the water? YES NO

(e) Any slow draining sinks, tubs and/or showers? YES NO

(f) Any toilets that run continuously or on their own? YES NO

(g) Any fluoridation or other chemical substances added to the water supply? YES NO

8. Are you aware of any past and/or current device(s) and/or system(s) being used at the Property?

(a) Water softener YES NO

(b) Water purification system(s) YES NO

(c) Hot water circulating system YES NO

If Yes to any of the devices and/or systems listed in **Question M-8**, state how long each device and/or system has been at the Property, whether they are still at the Property, and whether they are still functional: _____

9. What are the Water Supply lines made of (**check all that apply**)?
 Copper Galvanized Plastic OTHER _____

Describe the type of material(s) for the Water Supply lines and state the specific location(s) of each different type of material(s): _____

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Buyer's Initials: (_____) (_____)

If Yes to Questions in Sections M-1 through M-8, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions or problems with the **WATER SUPPLY AND/OR WATER PLUMBING SYSTEM(S)**.

N. WATER CONSERVING PLUMBING FIXTURES. Since January 1, 2017, Sellers of residential property of 1 to 4 units built before January 1, 1994, must disclose if they are aware of any noncompliant plumbing fixtures. Noncompliant water fixtures are defined in Civil Code Section 1101.3 as any of the following: (a) any toilet manufactured to use more than 1.6 gallons of water per flush; (b) any urinal manufactured to use more than 1 gallon of water per flush; (c) any showerhead manufactured to have a flow capacity of more than 2.5 gallons of water per minute; and/or (d) any interior faucet that emits more than 2.2 gallons of water per minute. **NOT APPLICABLE - House Built After January 1, 1994**

Are you, Seller, aware of any plumbing fixtures on the Property that are non-compliant as defined by Civil Code Section 1101.3 above? YES NO

If Yes, explain in detail your knowledge: _____

O. WELL/PRIVATE WATER SYSTEM. **Not Applicable** if Applicable, attach PRDS Well/Private Water System Checklist.

P. SEWER SYSTEM (including but is not limited to sewer lines, waste water lines, sewer laterals, traps, cleanout plugs, vents, drains, toilets, tubs, kitchen and bathroom sinks):

- 1. Are you aware of any sewer clean-outs? YES NO
If Yes, identify the number and exact location of each sewer clean-out _____
- 2. Are you aware of any Work, including but not limited to, snaking or rooting of the Sewer System within the last 5 years? YES NO
- 3. Are you aware of any past and/or present blockage, backup, overflow or any other failure of the Sewer System? YES NO
- 4. Are you aware of any current or contemplated government-imposed inspection, repair or upgrade requirements (for example, sewer lateral tests) applicable to the Property? YES NO
- 5. Are you aware of any booster or other pump system/equipment installed at the Property related to the Sewer System? YES NO
- 6. Have you ever been notified or advised by anyone that any aspect of the Sewer System is offset, displaced, collapsing or in need of repair or replacement? YES NO

If Yes to any questions in Sections P-2 through P-6, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the use of the **SEWER SYSTEM**.

Q. SEPTIC SYSTEM (including but not limited to the septic tank, leach lines, drain fields, and all related equipment/components). **NOT APPLICABLE**

- 1. Are you aware of the material (for example, concrete, redwood) used to construct the septic tank? YES NO
If Yes, describe the material used: _____
- 2. How frequently has the septic tank been pumped in the last five years? _____
- 3. When was the last time the septic tank was pumped? _____ By whom? _____
- 4. Are you aware of any septic clean-outs? YES NO
If Yes, identify the number and exact location of each septic clean-out _____
- 5. Are you aware of any past and/or present blockage, backup, overflow or other issues, conditions or problems with the septic system? YES NO
- 6. Are you aware of any booster or other pump system/equipment installed at the Property related to the septic system? YES NO
- 7. Have you ever been notified or advised by anyone that any part of the septic system needs replacement or repair? YES NO
- 8. Have you been advised by anyone either orally or in a Disclosure, Report or other Document that the current septic system may preclude or limit development of the Property and/or expansion of any structure on the Property? YES NO

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- 9. Have you been advised by anyone either orally or in a Disclosure, Report or other Document that the soils conditions may preclude or limit development of the Property and/or expansion of the septic system and/or any structure on the Property? YES NO
- 10. Are you aware of any current or contemplated governmental plans, measures or requirements that may require hook-up or conversion to a public sewer system? YES NO
- 11. Are you aware of any current or contemplated governmental plans, measures or requirements that may require that the septic system be inspected, replaced and/or upgraded? YES NO

If Yes to any Questions in Sections Q-5 through Q-11, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the use of the **SEPTIC SYSTEM**.

R. LANDSCAPING/IRRIGATION:

- 1. Does the Property have any of the following:
 - a. A sprinkler system YES NO
If Yes, describe type(s) and location: Manual - Where _____
 Automatic - Where _____
 - b. A drip system YES NO
If Yes, describe type(s) and location: Manual - Where _____
 Automatic - Where _____
 - c. Exterior landscape lighting YES NO
If Yes, describe location: _____
 - d. A pond, waterfall, or other decorative water-related feature YES NO
If Yes, describe location: _____
 - e. Any play structures YES NO
If Yes, describe location and anchoring system/mechanism: _____
- 2. Are you aware of any past or existing issues, conditions and/or problems with any of the items listed in **Section R-1**? YES NO
- 3. Are you aware of any Work performed on any of the items listed in **Section R-1**? YES NO
- 4. Are you aware of any water from the sprinklers or other items in **Section R-1** that direct water onto any siding, window or other surface of the structure? YES NO
- 5. Are you aware of any diseases or infestations affecting trees, plants or planted ground cover on the Property or adjoining properties? YES NO

If Yes to any Questions in Sections R-2 through R-5, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the existence or use of the **LANDSCAPING/IRRIGATION**.

S. SWIMMING POOL/SPA: **NOT APPLICABLE**

- 1. Does the Swimming Pool have a Heating System? YES NO
If Yes: (a) Identify the type: Electric Solar Gas Other _____
 (b) Identify when it was last used: _____
- 2. Does the Spa have a Heating System? YES NO
If Yes: (a) Identify the type: Electric Solar Gas Other _____
 (b) Identify when it was last used: _____
- 3. Identify the current Swimming Pool/Spa service provider and cost & frequency of service **NONE**
- 4. Are you aware of any issues, conditions and/or problems with any of the following (**check all that apply**)?

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- water leakage from pool or spa low water levels for pool or spa pool and/or spa related-equipment
- pool and/or spa surfaces decking or coping heating system for pool and/or spa
- lighting, ladders, slides or diving boards pool and/or spa covers or enclosures pool and/or spa alarms
- Other _____ YES NO

If Yes to anything listed in Section S-4, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the use of The **SWIMMING POOL/SPA**.

T. ANIMALS:

1. Are you aware of past and/or current presence at the Property or in the neighborhood of any of the following **(check all that apply)**: horses cattle/sheep/goats pigs/wild boars mountain lions bobcats feral or other cats coyotes/wolves/dogs deer bears raccoons/ opossums/skunks gophers/moles/voles bats rats/squirrels/other rodents turkeys/roosters/chickens/ducks/geese crows/ pigeons/hawks/other birds snakes/lizards frogs/toads/salamanders bees/wasps ants/spiders/other insects snails/slugs noise or odor-generating pests/birds or any other type of animal Other(s) _____ **NONE**

For each box checked in Section T-1, provide detailed explanation(s): _____

2. Are you aware of any pets and/or other animals having been at the Property at any time? YES NO
If Yes, identify type or breed, number and when they were present at the Property: _____
3. Are you aware of any animal urine, feces, spray or other discharge coming into contact with any walls, flooring, carpets/pads or other interior surfaces? YES NO
4. Are you aware of any staining, spotting, discoloration, warping, scratches or any other damage to any interior surfaces related to animals (including but not limited to the areas identified in **Section T-3**)? YES NO
5. Are you aware of any animal-related odors at the Property at any time of the years even if only seasonal (e.g. during warm temperatures)? YES NO
6. Are you aware of any animals/pets buried on the Property? YES NO
7. Are you aware of any complaints or governmental notices regarding animals/pets at or on the Property? YES NO

If Yes to any Questions in Sections T-1 through T-7 describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with **ANIMALS**.

U. NEIGHBORHOOD ISSUES, CONDITIONS AND/OR PROBLEMS:

1. Are you aware of any past and/or current **NOISE** and/or **ODOR** related to any of the following which are or have been noticeable at the Property **(check all that apply)**? vehicular traffic railroad/train/light rail/BART/other rail traffic schools/parks aircraft (note: a city-mandated disclosure may be required) construction activity business/recreational/commercial or other institutional facilities (for example, daycare, residential care, religious meeting sites) entertainment complexes/amphitheaters or other venues music/ shouting/parties/sporting or other activities events/gatherings/traditions (for example, parades, block parties, holiday decorations, sporting events) neighbors dogs, cats, birds or other animals power lines/transformers/other electrical power equipment air conditioners/appliances/generators/pool equipment adjacent properties/common walls/floors/common areas (e.g. condominiums, PUD) Other neighborhood sources of **NOISE** and/or **ODOR**: _____ **NONE**

For each box checked in Section U-1, provide detailed explanation: _____

2. Are you aware of any neighborhood issues, conditions and/or problems with any of the following whether past or present, on or near the Property **(check all that apply)**? in-home businesses local businesses

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Buyer's Initials: (_____) (_____)

- schools religious facilities entertainment or sporting venues traffic congestion or excessive speed
- hampered driveway ingress or egress limited/restricted/congested on-street parking
- periodic or seasonal limitations on parking periodic or seasonal traffic congestion loitering
- littering Other _____ **NONE**

For each box checked in Section U-2, provide detailed explanation: _____

- 3. Is the Property located on or near a bus route/stop? YES NO
- 4. Are you aware of any ongoing, planned or proposed construction at, on, or within any neighboring property or private/public facility, roadways or rights of way? YES NO
- 5. Are you aware of any burglaries, assaults or other crimes in the neighborhood? YES NO
- 6. Are you aware of any modifications or other changes to any aspect of the structures and/or the land anywhere in the neighborhood for purposes of cultivating marijuana or other crops? YES NO
- 7. Have you attended any meetings or had any discussions with neighbors or others regarding any neighborhood issues, conditions and/or problems? YES NO
- 8. Are you aware of any complaints to police or other governmental authorities regarding any neighborhood issues, conditions and/or problems? YES NO
- 9. Are you aware of any other neighborhood issues, conditions and/or problems that are not detailed above? YES NO

If Yes to any Questions in Sections U-4 through U-9, provide detailed explanation: _____

Attach all Documents regarding any past and/or current **NEIGHBORHOOD ISSUES, CONDITIONS AND PROBLEMS.**

V. ENVIRONMENTAL ISSUES, CONDITIONS AND/OR PROBLEMS. Are you aware of any past and/or current issues, conditions and/or problems on or near the Property regarding any of the following (see also **Part III - E** above re lead):

- 1. Asbestos (e.g. in ceiling material, flooring, insulation, furnace ducting or flues)? YES NO
- 2. Mold, mildew, fungus or spores? YES NO
- 3. Environmental inspections or tests of air, soil and/or building materials? YES NO
- 4. Odors, whether persistent, recurrent, occasional or seasonal? YES NO
- 5. The manufacture, storage, disposal, release, use or sale of controlled substances, (e.g. methamphetamine)? YES NO
- 6. Cultivation, use and/or sale of any kind of marijuana? YES NO
- 7. The existence of any above ground or underground storage tank (e.g. fuel)? YES NO

If Yes to any Questions in Sections V-1 through V-7, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did any of the issues, conditions and/or problems recur; (g) what subjects, topics and/or complaints were discussed, with whom, and what actions, if any, occurred as a result? _____

Attach all Documents regarding any past and/or current **ENVIRONMENTAL ISSUES, CONDITIONS AND/OR PROBLEMS.**

See also the *California Residential Environmental Hazards Booklet*.

W. GOVERNMENTAL/HOA/COMMUNITY RESTRICTIONS, ISSUES, CONDITIONS AND/OR PROBLEMS. Are you aware of any of the following whether past, existing or proposed:

- 1. Rent control or eviction control ordinance(s)? YES NO
- 2. Restriction or registration requirements on short term or vacation rentals? YES NO
- 3. Imposition of bonds, fees or assessments that may not appear on the Property tax bill? YES NO
- 4. Restrictions on the use, development or enjoyment of the Property by any governmental or non-governmental entity including but not limited to an HOA, private agreements or Court order other than those imposed by zoning laws or CC&Rs? YES NO
- 5. "Historic" or other type of preservation designation? YES NO

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

6. Building, remodeling or any other type of moratoria (e.g. single story or height overlays) that could impact the Property? YES NO
7. Stop work orders, "red tags", orders to abate or notice of code or other violation or any illegal, unsafe, and/or dangerous condition(s)? YES NO
8. Government imposed requirement or order to remove brush, trees, grass or other vegetation or flammable materials at or near the Property? YES NO
9. Government mandated tree (or other landscaping) planting, removal, replacement, trimming or cutting restrictions? YES NO
10. Eminent domain, condemnation or annexation process or proceedings affecting the Property? YES NO
11. Construction, reconfiguration, conversion or closure of any nearby schools of any kind? YES NO
12. Construction, reconfiguration, conversion or closure of any nearby roadways, rights of way, traffic signals or signs? YES NO
13. Construction, reconfiguration, expansion, conversion or closure of any nearby parks/recreational/private or public amenities or facilities? YES NO
14. Are you aware of any inspection Reports on any exterior balconies, stairways or other "elevated Elements" on buildings with 3 or more units on the Property? YES NO

If Yes to any Questions in Sections W-1 through W-14, provide as much detail as possible including but not limited to (a) specificity as to the types of requirements or limitations; (b) what properties are impacted; (c) the location of existing or proposed changes; and (d) what issues, subjects and/or complaints were discussed, with whom, and what actions, if any, occurred as a result: _____

Attach all Documents regarding any past, existing and/or proposed **GOVERNMENTAL/HOA/COMMUNITY RESTRICTIONS, ISSUES, CONDITIONS AND/OR PROBLEMS.**

X. TITLE/OWNERSHIP/LITIGATION:

1. Do you have or do you intend to use a Power of Attorney at any time in connection with the sale of the Property? YES NO
If Yes to Section X-1, identify the following about that Power of Attorney: (a) who has the Authority to act on your behalf; (b) what type of Power of Attorney; (c) is the Power of Attorney notarized in California and (d) is it recorded in the same County as the Property? _____
2. Has a Notice of Default been recorded against the Property? YES NO
3. Is the Property subject to or soon to be made subject to the jurisdiction of the Federal Bankruptcy Court? YES NO
4. Are you aware of any current or possible/contemplated legal proceedings (e.g. Probate, Trust, Guardianship, Quiet Title and/or Specific Performance)? YES NO
5. Are you aware of any use of the Property or any portion of the Property by non-owner at any time (e.g. using the Property for a pathway, driveway, landscaping)? YES NO
6. Are you aware of any claim by a non-owner as to an ownership interest or right to possess, use or occupy the Property or any part of the Property at any time (e.g. a license or prescriptive easement)? YES NO
7. Are you aware of any deed restrictions on the use or development of the Property? YES NO
8. Has the Property ever been rented to anyone for any purpose? YES NO

If Yes to Section X-8, identify the following about that rental: (a) when was the Property rented; (b) by whom; (c) for what purpose; (d) for how long; and (e) who managed the Property during its rental? _____

9. Are you aware of any lease options, lease options to purchase, right of first refusal or any other impediment of sale? YES NO
10. Are you aware of any lease or rental agreement that is, or is claimed to be, currently in effect? YES NO
11. Are any structure(s) on the Property used as a separate dwelling whether attached or detached? YES NO

If Yes, state (a) whether any such separate dwelling received a building permit, zoning approval and/or any other governmental approval as an Accessory Dwelling Unit (ADU); (b) whether the ADU has separate utilities and meters; and (c) any issues, problems, disputes, disagreements or other concerns regarding the construction, use or leasing of the ADU? _____

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

12. Any leased or liened devices, systems or equipment not already disclosed above? YES NO
 If **Yes** to Section X-11, identify the leased or liened device(s), systems or equipment: _____
 _____ and identify the company(ies) involved _____.
13. Are you aware of any perimeter fences, walls or other constructed or natural borders relating to the Property that may be situated off of the true boundary line? YES NO
14. Are you aware of any encroachment from a neighboring property onto the Property or from the Property onto a neighboring property (e.g. fences, walls, structures or other improvements)? YES NO
15. Are you aware of whether access to the Property is a shared driveway, a private road and/or is an easement over private or public land? YES NO
16. Are you aware of any disputes, disagreements or failure to perform regarding access to the Property? YES NO

If Yes to any Questions in Sections X-1 through X-16, detail your awareness of the issues above, identify all requested information and **attach all Documents**: _____

Y. HOMEOWNERS' INSURANCE COVERAGE AND/OR CLAIMS HISTORY:

1. Within the past five (5) years have there been any insurance claims made by you or anyone else relating to the Property? YES NO

If Yes to Section Y-1, identify the following information as to each claim:

Name of Claimant: _____ Approximate Date of Claim: _____

Insurance Company: _____ Policy Number: _____

Nature of the Claim: _____

If Claim was resolved, how was it resolved: _____
 (If more than one claim, please indicate in Part VI.)

2. Within the past five (5) years, has any insurance company refused to issue or renew any policy of insurance relating to the Property? YES NO

If Yes to Section Y-2, identify the following information:

Insurance Company: _____ Approximate Date of Refusal: _____

The basis for refusal (if known): _____
 (If more than one, please indicate in Part VI.)

3. Apart from any other insurance requirements, has your lender required you to carry flood or earthquake insurance? YES NO

If Yes to Section Y-3, identify the insurance required by your Lender: _____

If Yes to any Questions in Sections Y-1 through Y-3, attach all Documents.

Z. GENERAL AND MISCELLANEOUS ISSUES, CONDITIONS AND/OR PROBLEMS.

1. What is the approximate age of the structures on the Property? _____

2. How long have you owned the Property? _____

3. Is the Property situated in an unincorporated area of the County? YES NO

4. Are you aware of any actual, proposed, requested and/or denied reassessment of property taxes and/or other fees on the Property? YES NO

If Yes to Section Z-4, explain the details of that reassessment and **attach all Documents**: _____

5. Are you aware of any postings regarding the Property and/or the neighborhood on any community bulletin board, blogs, or any type of social media? YES NO

If Yes to Section Z-5, identify the name/location of the site and the content of any known communication and **attach all Documents**: _____

6. Are you aware of any of the following having been filled in, removed, abandoned or not in use at the Property at any time (**check all that apply**): septic tank/pit leach line/field oil, gas, diesel or other fuel storage tank water tank well or well-related equipment pool/spa or pool/spa related equipment stream/pond or other water collection area culverts/dams drainage ditch/system bomb shelter Other _____ NONE

If Yes to Section Z-6, identify the location of and the reason that each item that has been filled in, removed, abandoned or is not in use at the Property and **attach all Documents**: _____

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

7. Has any type of fire (including but not limited to chimney flue and electrical fire) occurred to the interior or exterior of the Property at any time? YES NO
If Yes to Section Z-7 identify (a) the type and location of any fire(s); (b) what aspect(s) of the Property were damaged; (c) any repairs that were made, or not made and (d) **attach all Documents:** _____
8. Are there any locking devices, key pads, and/or other combination locks to any doors, cabinets, drawers or mailboxes? YES NO
If Yes to Section Z-8, identify (a) the location of each locking device;(b) whether or not the keys are missing; and (c) the combinations or access codes: _____
9. (a) Are there any garage door openers/remote controls? YES NO
 (b) Do all garage door openers/remote control devices function? YES NO
If Yes to Section Z-9(a), state the number of existing control devices: _____
10. Has any death, natural or otherwise, of a human being occurred anywhere on the Property within the past three (3) years? YES NO
If Yes to Section Z-10, describe the manner of death: _____

PART VI. ADDITIONAL INFORMATION NOT OTHERWISE DISCLOSED ABOVE (use additional pages, if necessary):

SELLER CERTIFIES THAT THE INFORMATION PROVIDED IN THIS DISCLOSURE IS TRUE AND CORRECT TO THE BEST OF SELLER'S KNOWLEDGE AS OF THE DATE SIGNED BELOW AND SELLER ACKNOWLEDGES RECEIPT OF A COPY OF THIS 15 PAGE DISCLOSURE:

Date: _____ Seller: Susan Yuexiu Li Seller: _____
 (Print Name) (Signature)

Date: _____ Seller: _____ Seller: _____
 (Print Name) (Signature)

BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS 15 PAGE DISCLOSURE:

Date: _____ Buyer: _____ Buyer: _____
 (Print Name) (Signature)

Date: _____ Buyer: _____ Buyer: _____
 (Print Name) (Signature)

RESIDENTIAL LISTING INPUT FORM

RESIDENTIAL PROPERTY OVERVIEW * indicates Required fields

Property Type*

Single Family Home (Detached)
 Condominium
 Farm / Ranch
 Other Residential
 Single Family Home (Attached)
 Townhouse
 Floating Home

If Condo or Townhome, please indicate Ownership Type

Common Interest Development
 Corporation
 Planned Unit Development
 Tenants in Common
 Condominium Ownership
 Corporation – Subchapter S
 Stock Cooperative
 Trust
 Cooperative Housing (CoOp)
 Individual

Street Address* (include Unit # if applicable)		Building #	APN #*	Owner
City*	State*	Zip*	County*	MLS Area #*
Model Name	Beds*	Full Baths*	Partial Baths	Living Space SqFt*
# of Stories in House / Unit	# of Floors in Building (for Townhouse / Condo)	Unit Floor Number (for Townhouse / Condo)	Total # of Units in Building (for Townhouse / Condo)	

Property Faces

East
 Northeast
 South
 Southwest
 North
 Northwest
 Southeast
 West

Unit Features (for Townhouse / Condo)

Below Ground
 Corner Unit
 Other Unit Above
 Tri Level Unit
 Other
 Bi / Split Level Unit
 End Unit
 Other Unit Below
 Unit Faces Common Area
 Common Wall at Garage Only
 No Common Wall
 Top Floor or Penthouse
 Unit Faces Street

Secondary Living Space Description (for SFR)

Apartment Over Garage
 Accessory Dwelling Unit
 Guest House
 Other

Secondary Living Space (SqFt) (for SFR)	Year Built*	Zoning*	Lot SqFt*	Lot Acres
Elementary School District*	Elementary School Name	Middle School Name	High School District*	High School Name
Land Use	Is property within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is property in an incorporated area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cross Street*	Directions (up to 255 Characters)			

LISTING DETAILS

Listing Status*		Point of Sale Ordinance?	City Transfer Tax?
<input type="checkbox"/> Active <input type="checkbox"/> Coming Soon <input type="checkbox"/> Comp Only		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List Date*	List Price*	Expiration Date*	If Coming Soon, Pre Market Date
If Coming Soon, Pre Market Price	If Comp Only, Sale Date	If Comp Only, COE Date	If Comp Only, Close / Sale Price

If Comp Only, Buyer Financing*

All Cash No Loans
 Cash to Existing Loan
 New Contract of Sale
 Terms – Cash to Loan
 All Inclusive Trust Deed
 Conventional Loan
 Private Financing
 VA Loan
 Cal Vet Loan
 FHA Loan
 Seller Financed
 Other

RESIDENTIAL LISTING INPUT FORM

LISTING DETAILS *(continued)* * indicates Required fields

If Comp Only, Sold Remarks	# of Offers Received	If Comp Only, Sales Concession / Credit (\$)																								
<p>Possession Notice</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> COE</td> <td><input type="checkbox"/> Immediate</td> <td><input type="checkbox"/> Tenant Rights</td> <td><input type="checkbox"/> Upon Completion</td> </tr> <tr> <td><input type="checkbox"/> COE + 30 Days</td> <td><input type="checkbox"/> Negotiable</td> <td><input type="checkbox"/> Uniform Commercial Code (UCC) Filing Date</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> COE + 3-5 Days</td> <td><input type="checkbox"/> Seller Rent Back</td> <td></td> <td><input type="checkbox"/> Other</td> </tr> </table>			<input type="checkbox"/> COE	<input type="checkbox"/> Immediate	<input type="checkbox"/> Tenant Rights	<input type="checkbox"/> Upon Completion	<input type="checkbox"/> COE + 30 Days	<input type="checkbox"/> Negotiable	<input type="checkbox"/> Uniform Commercial Code (UCC) Filing Date	<input type="checkbox"/> None	<input type="checkbox"/> COE + 3-5 Days	<input type="checkbox"/> Seller Rent Back		<input type="checkbox"/> Other												
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<p>Acceptable Financing Terms</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> All Inclusive Trust Deed (AITD)</td> <td><input type="checkbox"/> Contract Sale</td> <td><input type="checkbox"/> Replace Trust Fund</td> <td><input type="checkbox"/> Seller May Carry</td> </tr> <tr> <td><input type="checkbox"/> Assumable</td> <td><input type="checkbox"/> Conventional 2nd</td> <td><input type="checkbox"/> Seller May Carry 1st</td> <td><input type="checkbox"/> Trade Possible</td> </tr> <tr> <td><input type="checkbox"/> Assumable by Qualified Vet</td> <td><input type="checkbox"/> Conventional 3rd</td> <td><input type="checkbox"/> Seller May Carry 2nd or Other</td> <td><input type="checkbox"/> USDA</td> </tr> <tr> <td><input type="checkbox"/> Buyer's Financial Statement Required</td> <td><input type="checkbox"/> FHA</td> <td><input type="checkbox"/> Seller May Pay Closing Costs</td> <td><input type="checkbox"/> VA Loan</td> </tr> <tr> <td><input type="checkbox"/> Cal Vet Loan</td> <td><input type="checkbox"/> Lease Option</td> <td><input type="checkbox"/> Seller May Pay Points</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Cash or Conventional Loan</td> <td><input type="checkbox"/> New Terms</td> <td><input type="checkbox"/> Seller May Share Equity</td> <td><input type="checkbox"/> Other</td> </tr> </table>			<input type="checkbox"/> All Inclusive Trust Deed (AITD)	<input type="checkbox"/> Contract Sale	<input type="checkbox"/> Replace Trust Fund	<input type="checkbox"/> Seller May Carry	<input type="checkbox"/> Assumable	<input type="checkbox"/> Conventional 2nd	<input type="checkbox"/> Seller May Carry 1st	<input type="checkbox"/> Trade Possible	<input type="checkbox"/> Assumable by Qualified Vet	<input type="checkbox"/> Conventional 3rd	<input type="checkbox"/> Seller May Carry 2nd or Other	<input type="checkbox"/> USDA	<input type="checkbox"/> Buyer's Financial Statement Required	<input type="checkbox"/> FHA	<input type="checkbox"/> Seller May Pay Closing Costs	<input type="checkbox"/> VA Loan	<input type="checkbox"/> Cal Vet Loan	<input type="checkbox"/> Lease Option	<input type="checkbox"/> Seller May Pay Points	<input type="checkbox"/> None	<input type="checkbox"/> Cash or Conventional Loan	<input type="checkbox"/> New Terms	<input type="checkbox"/> Seller May Share Equity	<input type="checkbox"/> Other
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Total Assumable Loans	Assumable Loan Rate in %	Cash to Assume	Monthly Payment	Current Rent																						
<p>Special Listing Condition*</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Auction</td> <td><input type="checkbox"/> HUD Owned</td> <td><input type="checkbox"/> Not Applicable</td> <td><input type="checkbox"/> REO / Bank Owned Property</td> </tr> <tr> <td><input type="checkbox"/> Court Confirmation May Be Required</td> <td><input type="checkbox"/> New Subdivision</td> <td><input type="checkbox"/> Notice of Default</td> <td><input type="checkbox"/> Short Sale / Subject to Lender</td> </tr> </table>					<input type="checkbox"/> Auction	<input type="checkbox"/> HUD Owned	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> REO / Bank Owned Property	<input type="checkbox"/> Court Confirmation May Be Required	<input type="checkbox"/> New Subdivision	<input type="checkbox"/> Notice of Default	<input type="checkbox"/> Short Sale / Subject to Lender														
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INTERIOR FEATURES

Fireplace* <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # of Fireplaces: _____																																						
<p>Fireplace</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Dual See Through</td> <td><input type="checkbox"/> Gas Log</td> <td><input type="checkbox"/> Other Location</td> <td><input type="checkbox"/> Wood Burning</td> </tr> <tr> <td><input type="checkbox"/> Family Room</td> <td><input type="checkbox"/> Gas Starter</td> <td><input type="checkbox"/> Outside</td> <td><input type="checkbox"/> Wood Stove</td> </tr> <tr> <td><input type="checkbox"/> Free Standing</td> <td><input type="checkbox"/> Insert</td> <td><input type="checkbox"/> Pellet Stove</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Gas Burning</td> <td><input type="checkbox"/> Living Room</td> <td><input type="checkbox"/> Primary Bedroom</td> <td></td> </tr> </table>					<input type="checkbox"/> Dual See Through	<input type="checkbox"/> Gas Log	<input type="checkbox"/> Other Location	<input type="checkbox"/> Wood Burning	<input type="checkbox"/> Family Room	<input type="checkbox"/> Gas Starter	<input type="checkbox"/> Outside	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Free Standing	<input type="checkbox"/> Insert	<input type="checkbox"/> Pellet Stove	<input type="checkbox"/> Other	<input type="checkbox"/> Gas Burning	<input type="checkbox"/> Living Room	<input type="checkbox"/> Primary Bedroom																				
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<input type="checkbox"/> Half on Ground Floor	<input type="checkbox"/> Primary – Sunken Tub	<input type="checkbox"/> Solid Surface	<input type="checkbox"/> Tile																																				
<input type="checkbox"/> Marble	<input type="checkbox"/> Primary – Tub with Jets	<input type="checkbox"/> Split Bath	<input type="checkbox"/> Tub																																				
<p>Bedroom</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Ground Floor Bedroom</td> <td><input type="checkbox"/> More Than One Primary Bedroom</td> <td><input type="checkbox"/> Primary Suite / Retreat – 2+</td> </tr> <tr> <td><input type="checkbox"/> Inverted Floor Plan</td> <td><input type="checkbox"/> More Than One Primary Bedroom on Ground Floor</td> <td><input type="checkbox"/> Reverse Floor Plan</td> </tr> <tr> <td><input type="checkbox"/> Loft Bedroom</td> <td><input type="checkbox"/> Primary Bedroom on Ground Floor</td> <td><input type="checkbox"/> Walk-in Closet</td> </tr> <tr> <td><input type="checkbox"/> More Than One Bedroom on Ground Floor</td> <td><input type="checkbox"/> Primary Suite / Retreat</td> <td></td> </tr> </table>					<input type="checkbox"/> Ground Floor Bedroom	<input type="checkbox"/> More Than One Primary Bedroom	<input type="checkbox"/> Primary Suite / Retreat – 2+	<input type="checkbox"/> Inverted Floor Plan	<input type="checkbox"/> More Than One Primary Bedroom on Ground Floor	<input type="checkbox"/> Reverse Floor Plan	<input type="checkbox"/> Loft Bedroom	<input type="checkbox"/> Primary Bedroom on Ground Floor	<input type="checkbox"/> Walk-in Closet	<input type="checkbox"/> More Than One Bedroom on Ground Floor	<input type="checkbox"/> Primary Suite / Retreat																								
<input type="checkbox"/> Ground Floor Bedroom	<input type="checkbox"/> More Than One Primary Bedroom	<input type="checkbox"/> Primary Suite / Retreat – 2+																																					
<input type="checkbox"/> Inverted Floor Plan	<input type="checkbox"/> More Than One Primary Bedroom on Ground Floor	<input type="checkbox"/> Reverse Floor Plan																																					
<input type="checkbox"/> Loft Bedroom	<input type="checkbox"/> Primary Bedroom on Ground Floor	<input type="checkbox"/> Walk-in Closet																																					
<input type="checkbox"/> More Than One Bedroom on Ground Floor	<input type="checkbox"/> Primary Suite / Retreat																																						

RESIDENTIAL LISTING INPUT FORM

INTERIOR FEATURES <i>(continued)</i>					<i>* indicates Required fields</i>
Communications					
<input type="checkbox"/> Audio / Video Prewired	<input type="checkbox"/> DSL	<input type="checkbox"/> Intercom	<input type="checkbox"/> Satellite Dish	<input type="checkbox"/> None	
<input type="checkbox"/> Cable TV	<input type="checkbox"/> Fiber Ready	<input type="checkbox"/> Networked	<input type="checkbox"/> TV Antenna	<input type="checkbox"/> Other	
Cooling*					
<input type="checkbox"/> Ceiling Fan	<input type="checkbox"/> Evaporative Cooler	<input type="checkbox"/> Whole House / Attic Fan	<input type="checkbox"/> None		
<input type="checkbox"/> Central AC	<input type="checkbox"/> Multi-Zone	<input type="checkbox"/> Window / Wall Unit	<input type="checkbox"/> Other		
Dining Room*					
<input type="checkbox"/> Breakfast Bar	<input type="checkbox"/> Dining "L"	<input type="checkbox"/> Dining Area in Living Room	<input type="checkbox"/> Formal Dining Room	<input type="checkbox"/> Skylight	
<input type="checkbox"/> Breakfast Nook	<input type="checkbox"/> Dining Area	<input type="checkbox"/> Dining Bar	<input type="checkbox"/> No Formal Dining Room	<input type="checkbox"/> Sunken Dining Area	
<input type="checkbox"/> Breakfast Room	<input type="checkbox"/> Dining Area in Family Room	<input type="checkbox"/> Eat in Kitchen	<input type="checkbox"/> No Informal Dining Room	<input type="checkbox"/> Other	
Family Room*					
<input type="checkbox"/> Kitchen / Family Room Combo	<input type="checkbox"/> No Family room	<input type="checkbox"/> Separate Family Room	<input type="checkbox"/> Other		
Flooring					
<input type="checkbox"/> Carpet	<input type="checkbox"/> Hardwood	<input type="checkbox"/> Slate	<input type="checkbox"/> Travertine	<input type="checkbox"/> Wood	
<input type="checkbox"/> Concrete	<input type="checkbox"/> Laminate	<input type="checkbox"/> Stone	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Other	
<input type="checkbox"/> Granite	<input type="checkbox"/> Marble	<input type="checkbox"/> Tile	<input type="checkbox"/> Vinyl / Linoleum		
Heating*					
<input type="checkbox"/> Baseboard	<input type="checkbox"/> Floor Furnace	<input type="checkbox"/> No Heating	<input type="checkbox"/> Solar with Backup	<input type="checkbox"/> Wall Furnace	
<input type="checkbox"/> Central Forced Air	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Propane	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Other	
<input type="checkbox"/> Central Forced Air – Gas	<input type="checkbox"/> Gas	<input type="checkbox"/> Radiant	<input type="checkbox"/> Stove – Pellet		
<input type="checkbox"/> Common	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Radiant Floors	<input type="checkbox"/> Stove – Propane		
<input type="checkbox"/> Electric	<input type="checkbox"/> Heating – 2+ Zones	<input type="checkbox"/> Solar	<input type="checkbox"/> Stove – Wood		
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Individual Room Controls	<input type="checkbox"/> Solar and Gas	<input type="checkbox"/> Stove Heater		
Interior Amenities					
<input type="checkbox"/> Air Purifier	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Open Beam Ceiling	<input type="checkbox"/> Video / Audio System	<input type="checkbox"/> Other	
<input type="checkbox"/> Bay Window	<input type="checkbox"/> Garden Window	<input type="checkbox"/> Security Gate	<input type="checkbox"/> Walk-In Closet		
<input type="checkbox"/> Built-In Vacuum	<input type="checkbox"/> High Ceiling	<input type="checkbox"/> Skylight	<input type="checkbox"/> Wet Bar		
<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Inverted Floor Plan	<input type="checkbox"/> Vaulted Ceiling	<input type="checkbox"/> None		
Kitchen					
<input type="checkbox"/> 220 Volt Outlet	<input type="checkbox"/> Countertop – Other	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Oven – Double	<input type="checkbox"/> Refrigerator	
<input type="checkbox"/> Built-in BBQ Grill	<input type="checkbox"/> Countertop – Quartz	<input type="checkbox"/> Hood Over Range	<input type="checkbox"/> Oven – Electric	<input type="checkbox"/> Skylight	
<input type="checkbox"/> Cooktop – Electric	<input type="checkbox"/> Countertop – Solid Surface / Corian	<input type="checkbox"/> Hookups – Gas	<input type="checkbox"/> Oven – Gas	<input type="checkbox"/> Trash Compactor	
<input type="checkbox"/> Cooktop – Gas	<input type="checkbox"/> Countertop – Stone	<input type="checkbox"/> Hookups – Ice Maker	<input type="checkbox"/> Oven – Self Cleaning	<input type="checkbox"/> Warming Drawer	
<input type="checkbox"/> Countertop – Ceramic	<input type="checkbox"/> Countertop – Synthetic	<input type="checkbox"/> Ice Maker	<input type="checkbox"/> Oven Range	<input type="checkbox"/> Wine Refrigerator	
<input type="checkbox"/> Countertop – Concrete	<input type="checkbox"/> Countertop – Tile	<input type="checkbox"/> Island	<input type="checkbox"/> Oven Range – Built-In	<input type="checkbox"/> None	
<input type="checkbox"/> Countertop – Formica	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Island with Sink	<input type="checkbox"/> Oven Range – Built-In, Gas	<input type="checkbox"/> Other	
<input type="checkbox"/> Countertop – Granite	<input type="checkbox"/> Dual Fuel	<input type="checkbox"/> Microwave	<input type="checkbox"/> Oven Range – Electric		
<input type="checkbox"/> Countertop – Laminate	<input type="checkbox"/> Exhaust Fan	<input type="checkbox"/> No Appliances	<input type="checkbox"/> Oven Range – Gas		
<input type="checkbox"/> Countertop – Marble	<input type="checkbox"/> Freezer	<input type="checkbox"/> Oven – Built-In	<input type="checkbox"/> Pantry		
Laundry					
<input type="checkbox"/> Coin Operated	<input type="checkbox"/> Electricity Hookup (110V)	<input type="checkbox"/> In Garage	<input type="checkbox"/> Outside	<input type="checkbox"/> Washer	
<input type="checkbox"/> Community Facility	<input type="checkbox"/> Electricity Hookup (220V)	<input type="checkbox"/> In Utility Room	<input type="checkbox"/> Tub / Sink	<input type="checkbox"/> Washer / Dryer	
<input type="checkbox"/> Dryer	<input type="checkbox"/> Gas Hookup	<input type="checkbox"/> Inside	<input type="checkbox"/> Upper Floor	<input type="checkbox"/> None	<input type="checkbox"/> Other

RESIDENTIAL LISTING INPUT FORM

INTERIOR FEATURES <i>(continued)</i>					<i>* indicates Required fields</i>
Other Rooms					
<input type="checkbox"/> Artist Studio	<input type="checkbox"/> Bonus / Hobby Room	<input type="checkbox"/> Library	<input type="checkbox"/> Recreation Room	<input type="checkbox"/> Utility Room	
<input type="checkbox"/> Atrium	<input type="checkbox"/> Den / Study / Office	<input type="checkbox"/> Loft	<input type="checkbox"/> Safe / Panic Room	<input type="checkbox"/> Wine Cellar / Storage	
<input type="checkbox"/> Attic	<input type="checkbox"/> Formal Entry	<input type="checkbox"/> Media / Home Theater	<input type="checkbox"/> Separate Living Unit	<input type="checkbox"/> Workshop	
<input type="checkbox"/> Basement – Finished	<input type="checkbox"/> Great Room	<input type="checkbox"/> Mud Room	<input type="checkbox"/> Solarium	<input type="checkbox"/> None	
<input type="checkbox"/> Basement – Unfinished	<input type="checkbox"/> Laundry Room	<input type="checkbox"/> Office Area	<input type="checkbox"/> Storage	<input type="checkbox"/> Other	
Security					
<input type="checkbox"/> Closed Circuit Monitoring (24 hr)	<input type="checkbox"/> Fire System – Suppression	<input type="checkbox"/> Security Fence	<input type="checkbox"/> Vault	<input type="checkbox"/> Other	
<input type="checkbox"/> Controlled / Secured Access	<input type="checkbox"/> Panic Alarm	<input type="checkbox"/> Security Gate with Guard	<input type="checkbox"/> Video / Audio System		
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Secured Garage / Parking	<input type="checkbox"/> Security Guard	<input type="checkbox"/> Window Bars		
<input type="checkbox"/> Fire Escape	<input type="checkbox"/> Security Alarm	<input type="checkbox"/> Security Lights	<input type="checkbox"/> Window Bars with Quick Release		
<input type="checkbox"/> Fire System – Sprinkler	<input type="checkbox"/> Security Building	<input type="checkbox"/> Security Service	<input type="checkbox"/> None		
EXTERIOR FEATURES					
Is there a Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pool / Spa					
<input type="checkbox"/> Cabana / Dressing Room	<input type="checkbox"/> Pool – Fiberglass	<input type="checkbox"/> Pool – Solar Cover	<input type="checkbox"/> Spa – Electric	<input type="checkbox"/> Spa – Jetted	
<input type="checkbox"/> Community Facility	<input type="checkbox"/> Pool – Gunite	<input type="checkbox"/> Pool – Sport	<input type="checkbox"/> Spa – Fenced	<input type="checkbox"/> Spa – Solar	
<input type="checkbox"/> Heated – Solar	<input type="checkbox"/> Pool – Heated	<input type="checkbox"/> Pool – Sweep	<input type="checkbox"/> Spa – Fiberglass	<input type="checkbox"/> Spa – Solar Cover	
<input type="checkbox"/> Pool – Above Ground	<input type="checkbox"/> Pool – In Ground	<input type="checkbox"/> Pool / Spa Combo	<input type="checkbox"/> Spa – Gas	<input type="checkbox"/> Spa / Hot Tub	
<input type="checkbox"/> Pool – Black Bottom	<input type="checkbox"/> Pool – Indoor	<input type="checkbox"/> Spa – Above Ground	<input type="checkbox"/> Spa – Gunite	<input type="checkbox"/> Steam Room or Sauna	
<input type="checkbox"/> Pool – Cover	<input type="checkbox"/> Pool – Lap	<input type="checkbox"/> Spa – Black Bottom	<input type="checkbox"/> Spa – In Ground	<input type="checkbox"/> None	
<input type="checkbox"/> Pool – Fenced	<input type="checkbox"/> Pool – Solar	<input type="checkbox"/> Spa – Cover	<input type="checkbox"/> Spa – Indoor	<input type="checkbox"/> Other	
Is there a Horse Property?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible					
Horse Property <i>(if Horse Property is Possible or Yes)</i>					
<input type="checkbox"/> Arena	<input type="checkbox"/> Cross Fenced	<input type="checkbox"/> Paddocks	<input type="checkbox"/> Riding Trails	<input type="checkbox"/> Unimproved	
<input type="checkbox"/> Arena – Covered	<input type="checkbox"/> Fenced	<input type="checkbox"/> Palpation Chute	<input type="checkbox"/> Round Pen	<input type="checkbox"/> Wash Rack	
<input type="checkbox"/> Barn	<input type="checkbox"/> Government Land Access	<input type="checkbox"/> Pasture	<input type="checkbox"/> Shaving Bin	<input type="checkbox"/> Other	
<input type="checkbox"/> Barn Amenities	<input type="checkbox"/> Hay Storage	<input type="checkbox"/> Pasture – Irrigated	<input type="checkbox"/> Stalls		
<input type="checkbox"/> Boarding Stable	<input type="checkbox"/> Hot Walker	<input type="checkbox"/> Pole Barn	<input type="checkbox"/> Trailer Storage		
# Garage Spaces*		# Carport Spaces		# of Open Parking Spaces	
Parking*					
<input type="checkbox"/> Assigned Spaces	<input type="checkbox"/> Drive Through	<input type="checkbox"/> Leased Parking	<input type="checkbox"/> On Street	<input type="checkbox"/> Uncovered Parking	
<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Electric Car Hookup	<input type="checkbox"/> Lighted Parking Area	<input type="checkbox"/> Parking Area	<input type="checkbox"/> Underground Parking	
<input type="checkbox"/> Boat Dock	<input type="checkbox"/> Electric Gate	<input type="checkbox"/> Metered or Fee	<input type="checkbox"/> Parking Deck	<input type="checkbox"/> Undersized	
<input type="checkbox"/> Carport	<input type="checkbox"/> Enclosed	<input type="checkbox"/> No Garage	<input type="checkbox"/> Parking Restrictions	<input type="checkbox"/> Valet Parking	
<input type="checkbox"/> Common Parking Area	<input type="checkbox"/> Gate / Door Opener	<input type="checkbox"/> No Parking	<input type="checkbox"/> Room for Oversized Vehicle	<input type="checkbox"/> Workshop in Garage	
<input type="checkbox"/> Covered Parking	<input type="checkbox"/> Golf Cart	<input type="checkbox"/> Off-Site Parking	<input type="checkbox"/> Tandem Parking	<input type="checkbox"/> Other	
<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Guest / Visitor Parking	<input type="checkbox"/> Off-Street Parking	<input type="checkbox"/> Unassigned Spaces		
Utilities*					
<input type="checkbox"/> Available – Not on Site	<input type="checkbox"/> Individual Gas Meters	<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Solar Panels – Lien	<input type="checkbox"/> Other	
<input type="checkbox"/> Diesel	<input type="checkbox"/> Master Meter	<input type="checkbox"/> Solar Hot Water Heater – Leased	<input type="checkbox"/> Solar Panels – Owned		
<input type="checkbox"/> Generator	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Solar Hot Water Heater – Owned	<input type="checkbox"/> Wind		
<input type="checkbox"/> Individual Electric Meters	<input type="checkbox"/> Propane on Site	<input type="checkbox"/> Solar Panels – Leased	<input type="checkbox"/> None / No Utilities		

RESIDENTIAL LISTING INPUT FORM

EXTERIOR FEATURES *(continued)*

** indicates Required fields*

Electric Vehicle Hookup

- Electric Vehicle Hookup Level 1 (120 volts) Electric Vehicle Hookup Level 2 (240 volts)

Water*

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Individual Water Meter | <input type="checkbox"/> River | <input type="checkbox"/> Untreated | <input type="checkbox"/> Water Rights Not Included | <input type="checkbox"/> Well – Shared |
| <input type="checkbox"/> Irrigation Connected | <input type="checkbox"/> Spring | <input type="checkbox"/> Water Available on Street | <input type="checkbox"/> Water Softener – Leased | <input type="checkbox"/> None |
| <input type="checkbox"/> Irrigation Water Available | <input type="checkbox"/> Stock Water | <input type="checkbox"/> Water Filter – Leased | <input type="checkbox"/> Water Softener – Owned | <input type="checkbox"/> Other |
| <input type="checkbox"/> Private Co-op | <input type="checkbox"/> Storage Tank | <input type="checkbox"/> Water Filter – Owned | <input type="checkbox"/> Water Treatment System | |
| <input type="checkbox"/> Private / Mutual | <input type="checkbox"/> Stream – Seasonal | <input type="checkbox"/> Water On Site | <input type="checkbox"/> Well | |
| <input type="checkbox"/> Public | <input type="checkbox"/> Stream – Year Round | <input type="checkbox"/> Water Purifier – Leased | <input type="checkbox"/> Well – Agricultural / Other | |
| <input type="checkbox"/> Reservoir | <input type="checkbox"/> Unknown | <input type="checkbox"/> Water Purifier – Owned | <input type="checkbox"/> Well – Domestic | |

Sewer*

- | | | | | |
|--|--|--|--|---------------------------------------|
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Septic – Plans Approved | <input type="checkbox"/> Septic System Vested | <input type="checkbox"/> Sewer Connected < 500 ft away | <input type="checkbox"/> Storage Tank |
| <input type="checkbox"/> Community Sewer / Septic | <input type="checkbox"/> Septic Abandoned | <input type="checkbox"/> Septic Tank / Pump | <input type="checkbox"/> Sewer Connected > 500 ft away | <input type="checkbox"/> Sump Pump |
| <input type="checkbox"/> Drainage – None | <input type="checkbox"/> Septic Connected | <input type="checkbox"/> Sewer – Private | <input type="checkbox"/> Sewer in Street | <input type="checkbox"/> TBD |
| <input type="checkbox"/> Drainage – Other | <input type="checkbox"/> Septic Engineered | <input type="checkbox"/> Sewer – Public | <input type="checkbox"/> Sewer Not Available | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Drainage – Public Storage | <input type="checkbox"/> Septic Perc Test Required | <input type="checkbox"/> Sewer Available | <input type="checkbox"/> Sewer Not Connected | <input type="checkbox"/> None |
| <input type="checkbox"/> Drainage – Sump | <input type="checkbox"/> Septic Required | <input type="checkbox"/> Sewer Available at Site | <input type="checkbox"/> Sewer On Bond | <input type="checkbox"/> Other |
| <input type="checkbox"/> Existing Septic | <input type="checkbox"/> Septic Standard | <input type="checkbox"/> Sewer Connected | <input type="checkbox"/> Special | |

Construction Type

- | | | | | |
|---|---|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Adobe | <input type="checkbox"/> Concrete | <input type="checkbox"/> Metal | <input type="checkbox"/> Steel | <input type="checkbox"/> Vinyl Siding |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Concrete Block | <input type="checkbox"/> Modular | <input type="checkbox"/> Steel Frame | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Brick (Reinforced) | <input type="checkbox"/> Log | <input type="checkbox"/> Non-conforming | <input type="checkbox"/> Stone | <input type="checkbox"/> Wood Frame |
| <input type="checkbox"/> Brick (Unreinforced) | <input type="checkbox"/> Low VOC Finishes | <input type="checkbox"/> Rammed Earth | <input type="checkbox"/> Stucco | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cinder Block | <input type="checkbox"/> Masonry | <input type="checkbox"/> Shingle | <input type="checkbox"/> Tilt Up | |

Energy Saving

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Attic Fan | <input type="checkbox"/> Geothermal Energy Source | <input type="checkbox"/> Passive Solar | <input type="checkbox"/> Solar Heating – Pool | <input type="checkbox"/> Tankless Water Heater |
| <input type="checkbox"/> Ceiling Insulation | <input type="checkbox"/> Green Features | <input type="checkbox"/> Sealed Crawlspace | <input type="checkbox"/> Solar Power | <input type="checkbox"/> Thermostat Controller |
| <input type="checkbox"/> Chemical Free Insulation | <input type="checkbox"/> Insulation – Floor | <input type="checkbox"/> Skylight | <input type="checkbox"/> Solar Power Battery Backup | <input type="checkbox"/> Triple Pane Windows |
| <input type="checkbox"/> Double Pane Windows | <input type="checkbox"/> Insulation – Per Owner | <input type="checkbox"/> Smart Home System | <input type="checkbox"/> Solar Power Off Grid | <input type="checkbox"/> Walls Insulated |
| <input type="checkbox"/> Energy Star Appliances | <input type="checkbox"/> Insulation – Unknown | <input type="checkbox"/> Smart Vent Foundation | <input type="checkbox"/> Solar Power On Grid | <input type="checkbox"/> Whole House Fan |
| <input type="checkbox"/> Energy Star HVAC | <input type="checkbox"/> Low Flow Shower | <input type="checkbox"/> Smart Vent Roof | <input type="checkbox"/> Solar Screens | <input type="checkbox"/> None |
| <input type="checkbox"/> Energy Star Lighting | <input type="checkbox"/> Low Flow Toilet | <input type="checkbox"/> Solar Heating | <input type="checkbox"/> Storm Doors | <input type="checkbox"/> Other |

Exterior Amenities

- | | | | | |
|--|--|--|---|---------------------------------------|
| <input type="checkbox"/> Back Yard | <input type="checkbox"/> Deck | <input type="checkbox"/> Gazebo | <input type="checkbox"/> Outdoor Misting System | <input type="checkbox"/> Tennis Court |
| <input type="checkbox"/> Balcony / Patio | <input type="checkbox"/> Dog Run / Kennel | <input type="checkbox"/> Gray Water System | <input type="checkbox"/> Porch – Enclosed | <input type="checkbox"/> None |
| <input type="checkbox"/> BBQ Area | <input type="checkbox"/> Drought Tolerant Plants | <input type="checkbox"/> Low Maintenance | <input type="checkbox"/> Sprinklers – Auto | <input type="checkbox"/> Other |
| <input type="checkbox"/> Boat Dock | <input type="checkbox"/> Fenced | <input type="checkbox"/> Outdoor Fireplace | <input type="checkbox"/> Sprinklers – Lawn | |
| <input type="checkbox"/> Courtyard | <input type="checkbox"/> Fire Pit | <input type="checkbox"/> Outdoor Kitchen | <input type="checkbox"/> Storage Shed / Structure | |

Fence

- | | | | | |
|---|---------------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Barbed Wire | <input type="checkbox"/> Electrified | <input type="checkbox"/> Gate | <input type="checkbox"/> Partial Cross Fenced | <input type="checkbox"/> Surveyed |
| <input type="checkbox"/> Chain Link | <input type="checkbox"/> Fenced | <input type="checkbox"/> Horse Fencing | <input type="checkbox"/> Partial Fencing | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Complete Perimeter | <input type="checkbox"/> Fenced Back | <input type="checkbox"/> Mixed Height / Type | <input type="checkbox"/> Rail | <input type="checkbox"/> None |
| <input type="checkbox"/> Cross Fenced | <input type="checkbox"/> Fenced Front | <input type="checkbox"/> Not Surveyed | <input type="checkbox"/> Split Rail | <input type="checkbox"/> Other |

RESIDENTIAL LISTING INPUT FORM

EXTERIOR FEATURES *(continued)* * indicates Required fields

Foundation*

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Brick | <input type="checkbox"/> Concrete Perimeter | <input type="checkbox"/> Masonry Perimeter | <input type="checkbox"/> Post and Beam | <input type="checkbox"/> Steel Frame |
| <input type="checkbox"/> Brick / Mortar Perimeter | <input type="checkbox"/> Concrete Perimeter and Slab | <input type="checkbox"/> Mudsill | <input type="checkbox"/> Post and Pier | <input type="checkbox"/> Unreinforced Masonry |
| <input type="checkbox"/> Capped Brick | <input type="checkbox"/> Concrete Slab | <input type="checkbox"/> Not Permanent | <input type="checkbox"/> Quake Bracing | <input type="checkbox"/> Wood Frame |
| <input type="checkbox"/> Combination | <input type="checkbox"/> Crawl Space | <input type="checkbox"/> Permanent | <input type="checkbox"/> Raised | <input type="checkbox"/> None |
| <input type="checkbox"/> Concrete Block | <input type="checkbox"/> Foundation Moisture Barrier | <input type="checkbox"/> Piling | <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Other |
| <input type="checkbox"/> Concrete Grid | <input type="checkbox"/> Foundation Pillars | <input type="checkbox"/> Pillars / Posts / Piers | <input type="checkbox"/> Sealed Crawlspace | |

Lot Description

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Additional Land Available | <input type="checkbox"/> Grade – Hillside | <input type="checkbox"/> Grade – Varies | <input type="checkbox"/> Private / Secluded | <input type="checkbox"/> Views |
| <input type="checkbox"/> Agricultural Use | <input type="checkbox"/> Grade – Hilly | <input type="checkbox"/> Ground Floor | <input type="checkbox"/> Regular | <input type="checkbox"/> Vineyard |
| <input type="checkbox"/> Corners Marked | <input type="checkbox"/> Grade – Level | <input type="checkbox"/> Hunting | <input type="checkbox"/> Staked Boundary | <input type="checkbox"/> Zero Lot Line |
| <input type="checkbox"/> Corners Marked – No | <input type="checkbox"/> Grade – Mostly Level | <input type="checkbox"/> Land Locked | <input type="checkbox"/> Stream – Seasonal | <input type="checkbox"/> None |
| <input type="checkbox"/> Farm Animals (Permitted) | <input type="checkbox"/> Grade – Rolling | <input type="checkbox"/> Paved | <input type="checkbox"/> Stream – Year Round | <input type="checkbox"/> Other |
| <input type="checkbox"/> Farm Animals (Restricted) | <input type="checkbox"/> Grade – Side Slope | <input type="checkbox"/> Pie Shaped | <input type="checkbox"/> Subdivided | |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Grade – Sloped Down | <input type="checkbox"/> Pond On Site | <input type="checkbox"/> Surveyed | |
| <input type="checkbox"/> Flag Lot | <input type="checkbox"/> Grade – Sloped Up | <input type="checkbox"/> Possible Lot Split | <input type="checkbox"/> T-Intersection | |
| <input type="checkbox"/> Grade – Gently Sloped | <input type="checkbox"/> Grade – Steep | <input type="checkbox"/> Potential Re-Zone | <input type="checkbox"/> Unknown | |

Other Structures

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Barn | <input type="checkbox"/> Cellar | <input type="checkbox"/> Miscellaneous Structures | <input type="checkbox"/> Sauna | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Boat House | <input type="checkbox"/> Garage | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Shed | <input type="checkbox"/> Zoned 2nd Unit |
| <input type="checkbox"/> Building Pad | <input type="checkbox"/> Green House | <input type="checkbox"/> Non-conforming | <input type="checkbox"/> Stable | <input type="checkbox"/> None |
| <input type="checkbox"/> Cabana | <input type="checkbox"/> Gym | <input type="checkbox"/> Outbuilding | <input type="checkbox"/> Storage Facility | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cabin | <input type="checkbox"/> Hangar | <input type="checkbox"/> Pergola | <input type="checkbox"/> Studio | |
| <input type="checkbox"/> Carriage House | <input type="checkbox"/> Kennel / Dog Run | <input type="checkbox"/> Pool House | <input type="checkbox"/> Tennis / Racquetball | |
| <input type="checkbox"/> Cave | <input type="checkbox"/> Loading Facility | <input type="checkbox"/> Poultry Coop | <input type="checkbox"/> Water Tower | |

Other Structure Size

Other Structure Description

Property Condition

- | | | | | |
|--|--------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> Built / Remodeled Green | <input type="checkbox"/> Fixer Upper | <input type="checkbox"/> Seller Will Divide | <input type="checkbox"/> Seller Will Remodel | <input type="checkbox"/> Other |
|--|--------------------------------------|---|--|--------------------------------|

Roof*

- | | | | | |
|--|---|---------------------------------------|---|---|
| <input type="checkbox"/> Aluminum Over Tar | <input type="checkbox"/> Composition | <input type="checkbox"/> Foam | <input type="checkbox"/> Rolled Composition | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Barrel / Truss | <input type="checkbox"/> Concrete | <input type="checkbox"/> Mansard | <input type="checkbox"/> Shake | <input type="checkbox"/> Wood Shakes / Shingles |
| <input type="checkbox"/> Bitumen | <input type="checkbox"/> Elastomeric | <input type="checkbox"/> Metal | <input type="checkbox"/> Shingle | <input type="checkbox"/> None |
| <input type="checkbox"/> Bituthene | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Polyurethane | <input type="checkbox"/> Slate | <input type="checkbox"/> Other |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Flat / Low Pitch | <input type="checkbox"/> Rock | <input type="checkbox"/> Tar and Gravel | |

Soil Description

- | | | | | |
|----------------------------------|------------------------------------|--|--------------------------------|----------------------------------|
| <input type="checkbox"/> Adobe | <input type="checkbox"/> Class 4 | <input type="checkbox"/> Fill Required | <input type="checkbox"/> Peat | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Class 1 | <input type="checkbox"/> Class 5 | <input type="checkbox"/> Gravel | <input type="checkbox"/> Rocky | <input type="checkbox"/> Other |
| <input type="checkbox"/> Class 2 | <input type="checkbox"/> Clay | <input type="checkbox"/> Loam | <input type="checkbox"/> Sandy | |
| <input type="checkbox"/> Class 3 | <input type="checkbox"/> Fill Land | <input type="checkbox"/> Marshy | <input type="checkbox"/> Tidal | |

RESIDENTIAL LISTING INPUT FORM

EXTERIOR FEATURES *(continued)* * indicates Required fields

- Style**
- | | | | | |
|--|--|--|---|------------------------------------|
| <input type="checkbox"/> A-Frame | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Farm House | <input type="checkbox"/> Modern / High Tech | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Art Deco | <input type="checkbox"/> Cottage | <input type="checkbox"/> Flat | <input type="checkbox"/> Normandy | <input type="checkbox"/> Victorian |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Country English | <input type="checkbox"/> French | <input type="checkbox"/> Prairie | <input type="checkbox"/> Vintage |
| <input type="checkbox"/> Barn Type | <input type="checkbox"/> Craftsman | <input type="checkbox"/> Georgian | <input type="checkbox"/> Ranch | <input type="checkbox"/> Yurt |
| <input type="checkbox"/> Bungalow | <input type="checkbox"/> Custom | <input type="checkbox"/> Log | <input type="checkbox"/> Rustic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cabin | <input type="checkbox"/> Dome | <input type="checkbox"/> Luxury | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Cape Cod | <input type="checkbox"/> Edwardian | <input type="checkbox"/> MacGregor | <input type="checkbox"/> Tract | |
| <input type="checkbox"/> Chalet | <input type="checkbox"/> Eichler | <input type="checkbox"/> Marina | <input type="checkbox"/> Traditional | |
| <input type="checkbox"/> Colonial | <input type="checkbox"/> English | <input type="checkbox"/> Mediterranean | <input type="checkbox"/> Tudor | |

- View Description**
- | | | | | |
|---|---|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Bay | <input type="checkbox"/> Garden / Greenbelt | <input type="checkbox"/> Mountains | <input type="checkbox"/> Pasture | <input type="checkbox"/> Waterfront |
| <input type="checkbox"/> Bridge | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Ridge | <input type="checkbox"/> None |
| <input type="checkbox"/> Canyon | <input type="checkbox"/> Greenbelt | <input type="checkbox"/> Ocean | <input type="checkbox"/> River / Stream | <input type="checkbox"/> Other |
| <input type="checkbox"/> City Lights | <input type="checkbox"/> Hills | <input type="checkbox"/> Orchard | <input type="checkbox"/> Valley | |
| <input type="checkbox"/> Court / Cul-de-sac | <input type="checkbox"/> Lake | <input type="checkbox"/> Other Water | <input type="checkbox"/> Vineyard | |
| <input type="checkbox"/> Forest / Woods | <input type="checkbox"/> Marina | <input type="checkbox"/> Park | <input type="checkbox"/> Water | |

COMMUNITY INFO

Is Property in a Community?* <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Community Name	# of Units in Community
---	-------------------------------	--------------------------------

- Community Amenities**
- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Additional Storage | <input type="checkbox"/> Cabana | <input type="checkbox"/> Concierge | <input type="checkbox"/> Garden / Greenbelt / Trails | <input type="checkbox"/> Roof Deck |
| <input type="checkbox"/> BBQ Area | <input type="checkbox"/> Car Wash Area | <input type="checkbox"/> Conference Facilities | <input type="checkbox"/> Golf Course | <input type="checkbox"/> RV / Boat Storage |
| <input type="checkbox"/> Basketball Court – Indoor Half | <input type="checkbox"/> Club House | <input type="checkbox"/> Door Person | <input type="checkbox"/> Gym / Exercise Facility | <input type="checkbox"/> Sauna / Spa / Hot Tub |
| <input type="checkbox"/> Beach Rights | <input type="checkbox"/> Common Utility Room | <input type="checkbox"/> Elevator | <input type="checkbox"/> Organized Activities | <input type="checkbox"/> Tennis Court / Facility |
| <input type="checkbox"/> Billiard Room | <input type="checkbox"/> Community Pool | <input type="checkbox"/> Exercise Course | <input type="checkbox"/> Playground | <input type="checkbox"/> Trash Chute |
| <input type="checkbox"/> Boat Dock | <input type="checkbox"/> Community Security Gate | <input type="checkbox"/> Game Court (Indoor) | <input type="checkbox"/> Putting Green | <input type="checkbox"/> None |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Community TV Antenna | <input type="checkbox"/> Game Court (Outdoor) | <input type="checkbox"/> Recreation Room | <input type="checkbox"/> Other |

- Community Restrictions***
- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Age – No Restrictions | <input type="checkbox"/> HOA Rental Restrictions | <input type="checkbox"/> Pets – Cats Permitted | <input type="checkbox"/> Pets – Restrictions | <input type="checkbox"/> Senior Community (55+) |
| <input type="checkbox"/> Board Approval | <input type="checkbox"/> Neighborhood Approval | <input type="checkbox"/> Pets – Dogs Permitted | <input type="checkbox"/> Pets – Rules | <input type="checkbox"/> Senior Community (62+) |
| <input type="checkbox"/> Family Park | <input type="checkbox"/> No Waterbeds | <input type="checkbox"/> Pets – Not Allowed | <input type="checkbox"/> Retirement Community | <input type="checkbox"/> Senior Community (65+) |
| <input type="checkbox"/> Guest Restrictions | <input type="checkbox"/> Parking Restrictions | <input type="checkbox"/> Pets – Number Restrictions | <input type="checkbox"/> Senior Community | <input type="checkbox"/> None |
| <input type="checkbox"/> Height Restrictions | <input type="checkbox"/> Pets – Allowed | <input type="checkbox"/> Pets – Other | <input type="checkbox"/> Senior Community (1 Resident 55+) | <input type="checkbox"/> Other |

Is there an HOA?* <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, HOA Name
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HOA Phone #	HOA Fee (\$)	HOA Fee Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
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RESIDENTIAL LISTING INPUT FORM

COMMUNITY INFO *(continued)* * indicates Required fields

HOA Fee Covers

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Basic Telephone | <input type="checkbox"/> Fencing | <input type="checkbox"/> Insurance – Earthquake | <input type="checkbox"/> Maintenance – Exterior | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Cable / Dish | <input type="checkbox"/> Garbage | <input type="checkbox"/> Insurance – Flood | <input type="checkbox"/> Maintenance – Road | <input type="checkbox"/> Security Service |
| <input type="checkbox"/> Common Area Electricity | <input type="checkbox"/> Gas | <input type="checkbox"/> Insurance – Hazard | <input type="checkbox"/> Maintenance – Unit Yard | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Common Area Gas | <input type="checkbox"/> Golf | <input type="checkbox"/> Insurance – Homeowners | <input type="checkbox"/> Management Fee | <input type="checkbox"/> Unit Coverage Insurance |
| <input type="checkbox"/> Decks | <input type="checkbox"/> Heating | <input type="checkbox"/> Insurance – Liability | <input type="checkbox"/> Organized Activities | <input type="checkbox"/> Water |
| <input type="checkbox"/> Door Person | <input type="checkbox"/> Hot Water | <input type="checkbox"/> Insurance – Structure | <input type="checkbox"/> Pool, Spa, or Tennis | <input type="checkbox"/> Water / Sewer |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Insurance | <input type="checkbox"/> Landscaping / Gardening | <input type="checkbox"/> Recreation Facility | <input type="checkbox"/> None |
| <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Insurance – Common Area | <input type="checkbox"/> Maintenance – Common Area | <input type="checkbox"/> Reserves | <input type="checkbox"/> Other |

HOA Docs

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Article of Incorporation | <input type="checkbox"/> Bylaws | <input type="checkbox"/> Minutes | <input type="checkbox"/> Rules & Regulations |
| <input type="checkbox"/> Assoc. Membership Pre-appr Reqd | <input type="checkbox"/> CC&RS | <input type="checkbox"/> No Association Docs Available | <input type="checkbox"/> Other |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Financial Statement | <input type="checkbox"/> Reserve Study | |

HOA Transfer Fee (\$)	HOA Document Fee (\$)	Builder Name	Tract Name
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Is this a New Construction?* <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Construction Status <input type="checkbox"/> Completed <input type="checkbox"/> Existing <input type="checkbox"/> New – To Be Built <input type="checkbox"/> Under Construction <input type="checkbox"/> Completed – Never Occp <input type="checkbox"/> New Construction <input type="checkbox"/> Proposed
---	--

Estimated Completion Date	Price Range (Low)	Price Range (High)
----------------------------------	--------------------------	---------------------------

MARKETING & PHOTOS

Please email your photos within 72 hours to support@mlslistings with the address of the property in the Subject Line

Branded Virtual Tour URL	Unbranded Virtual Tour URL	Branded 3D Tour URL
Unbranded 3D Tour URL	Branded Drone Tour URL	Unbranded Drone Tour URL
Branded Additional Tour URL	Unbranded Additional Tour URL	

Public Remarks *(up to 1,000 Characters)*

RESIDENTIAL LISTING INPUT FORM

MARKETING & PHOTOS <i>(continued)</i>		<i>* indicates Required fields</i>																																				
Do you want this listing posted on Consumer Websites?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Allow VOW-IDX-AVM?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Allow VOW-IDX Comments?* <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
Public Listing Address Format* <input type="checkbox"/> Show Full Address <input type="checkbox"/> Show Street City Zip <input type="checkbox"/> Show City Zip Only																																						
FOR AGENTS		<i>* indicates Required fields</i>																																				
Cooperating Broker Commission* _____ \$ or %	Dual Variable? <input type="checkbox"/> Yes <input type="checkbox"/> No																																					
Private Remarks <i>(up to 1,000 Characters)</i>																																						
Listing Service <input type="checkbox"/> Full Service <input type="checkbox"/> Limited Service <input type="checkbox"/> MLS Entry Only <input type="checkbox"/> Restricted																																						
Listing Type* <input type="checkbox"/> Exclusive Agency <input type="checkbox"/> Exclusive Right to Sell <input type="checkbox"/> Exclusive Right to Sell with Reservations <input type="checkbox"/> Open <input type="checkbox"/> Probate																																						
Hazard Disclosures* <input type="checkbox"/> Fire Zone <input type="checkbox"/> Flood Zone – See Report <input type="checkbox"/> Hillside <input type="checkbox"/> Natural Hazard Disclosure <input type="checkbox"/> None <input type="checkbox"/> Flood Insurance Required <input type="checkbox"/> Hazardous Waste Area <input type="checkbox"/> Lead Base Disclosure <input type="checkbox"/> NHDS Report																																						
Other Disclosures <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Agent has Financial Interest</td> <td><input type="checkbox"/> First Right of Refusal</td> <td><input type="checkbox"/> Pool / Spa Inspection</td> <td><input type="checkbox"/> Termite Report</td> </tr> <tr> <td><input type="checkbox"/> Agent has Not Inspected Property</td> <td><input type="checkbox"/> Fixer – Handyman Special</td> <td><input type="checkbox"/> Property Inspection</td> <td><input type="checkbox"/> Timber Production Zone</td> </tr> <tr> <td><input type="checkbox"/> Agent Related to Seller</td> <td><input type="checkbox"/> Foreclosure / Short Sale</td> <td><input type="checkbox"/> Rent Control</td> <td><input type="checkbox"/> Tree Ordinance</td> </tr> <tr> <td><input type="checkbox"/> Agricultural Zone</td> <td><input type="checkbox"/> Historical Preservation District</td> <td><input type="checkbox"/> Rental Restrictions</td> <td><input type="checkbox"/> Underground Storage Tank</td> </tr> <tr> <td><input type="checkbox"/> Building Permit</td> <td><input type="checkbox"/> Home Warranty – Split 50/50</td> <td><input type="checkbox"/> Road Maintenance Agreement</td> <td><input type="checkbox"/> Water Test Logs</td> </tr> <tr> <td><input type="checkbox"/> Certain Fixed Real Property Excluded</td> <td><input type="checkbox"/> Home Warranty – Yes</td> <td><input type="checkbox"/> School District Under Court Ruling</td> <td><input type="checkbox"/> Well Production Log</td> </tr> <tr> <td><input type="checkbox"/> Coastal Jurisdiction</td> <td><input type="checkbox"/> Leased Land</td> <td><input type="checkbox"/> Seller is Licensed Real Estate Agent</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Corporate Ownership</td> <td><input type="checkbox"/> Mello-Ross</td> <td><input type="checkbox"/> Sewer Lateral Inspection</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Estoppel Certificate</td> <td><input type="checkbox"/> Pending Litigation – Yes</td> <td><input type="checkbox"/> Subject to 1031 Tax Exchange</td> <td></td> </tr> </table>			<input type="checkbox"/> Agent has Financial Interest	<input type="checkbox"/> First Right of Refusal	<input type="checkbox"/> Pool / Spa Inspection	<input type="checkbox"/> Termite Report	<input type="checkbox"/> Agent has Not Inspected Property	<input type="checkbox"/> Fixer – Handyman Special	<input type="checkbox"/> Property Inspection	<input type="checkbox"/> Timber Production Zone	<input type="checkbox"/> Agent Related to Seller	<input type="checkbox"/> Foreclosure / Short Sale	<input type="checkbox"/> Rent Control	<input type="checkbox"/> Tree Ordinance	<input type="checkbox"/> Agricultural Zone	<input type="checkbox"/> Historical Preservation District	<input type="checkbox"/> Rental Restrictions	<input type="checkbox"/> Underground Storage Tank	<input type="checkbox"/> Building Permit	<input type="checkbox"/> Home Warranty – Split 50/50	<input type="checkbox"/> Road Maintenance Agreement	<input type="checkbox"/> Water Test Logs	<input type="checkbox"/> Certain Fixed Real Property Excluded	<input type="checkbox"/> Home Warranty – Yes	<input type="checkbox"/> School District Under Court Ruling	<input type="checkbox"/> Well Production Log	<input type="checkbox"/> Coastal Jurisdiction	<input type="checkbox"/> Leased Land	<input type="checkbox"/> Seller is Licensed Real Estate Agent	<input type="checkbox"/> None	<input type="checkbox"/> Corporate Ownership	<input type="checkbox"/> Mello-Ross	<input type="checkbox"/> Sewer Lateral Inspection		<input type="checkbox"/> Estoppel Certificate	<input type="checkbox"/> Pending Litigation – Yes	<input type="checkbox"/> Subject to 1031 Tax Exchange	
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<input type="checkbox"/> Coastal Jurisdiction	<input type="checkbox"/> Leased Land	<input type="checkbox"/> Seller is Licensed Real Estate Agent	<input type="checkbox"/> None																																			
<input type="checkbox"/> Corporate Ownership	<input type="checkbox"/> Mello-Ross	<input type="checkbox"/> Sewer Lateral Inspection																																				
<input type="checkbox"/> Estoppel Certificate	<input type="checkbox"/> Pending Litigation – Yes	<input type="checkbox"/> Subject to 1031 Tax Exchange																																				
Disclosure URL	Is this a Green Rated home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a TIC Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																																				

RESIDENTIAL LISTING INPUT FORM

FOR AGENTS *(continued)* * indicates Required fields

Property is Occupied by*

Call Agent
 Manager
 Owner
 Tenant
 Vacant

Showing Contact Type

Call Agent
 Manager
 Owner
 Tenant
 Vacant

Showing Contact Name	Showing Contact Phone	Gate Code (if any)
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Showing Instructions*

<input type="checkbox"/> 24-Hour Notice Required	<input type="checkbox"/> Do Not Disturb Occupants	<input type="checkbox"/> Lockbox	<input type="checkbox"/> Non-Disclosure Required
<input type="checkbox"/> Appointment Only	<input type="checkbox"/> Do Not Go Direct	<input type="checkbox"/> Lockbox Location – See Remarks	<input type="checkbox"/> Pets – See Remarks
<input type="checkbox"/> Call First	<input type="checkbox"/> Do Not Show	<input type="checkbox"/> Lockbox – None	<input type="checkbox"/> Restricted Hours
<input type="checkbox"/> Call Listing Agent	<input type="checkbox"/> Gate Code – Call LA	<input type="checkbox"/> Lockbox – Other	<input type="checkbox"/> Security System
<input type="checkbox"/> Call Manager	<input type="checkbox"/> Go Directly	<input type="checkbox"/> Lockbox – Supra iBox	<input type="checkbox"/> See Remarks
<input type="checkbox"/> Call Owner	<input type="checkbox"/> Key in Listing Office	<input type="checkbox"/> Lockbox – Supra iBox Bluetooth	<input type="checkbox"/> Subject to Inspection
<input type="checkbox"/> Call Tenant	<input type="checkbox"/> LA Must Be Present	<input type="checkbox"/> Lockbox – Supra iBox Bluetooth LE	<input type="checkbox"/> None
<input type="checkbox"/> CBS Restricted – Call LA	<input type="checkbox"/> Leave Card	<input type="checkbox"/> No Sign	<input type="checkbox"/> Other

Additional Showing Instructions *(up to 150 Characters)*

OPEN HOUSE

Date	Starts At	Ends At	Hosted By
-------------	------------------	----------------	------------------

Remarks *(up to 250 characters)*

PROPERTY TOUR

Date	Tour Sponsor	Tour Name
-------------	---------------------	------------------

Remarks *(up to 78 characters)*

RESIDENTIAL LISTING INPUT FORM

LISTING CONTACT INFO			
Listing Agent Full Name*	License #	Phone*	Listing Agent Email*
Listing Office Name*	List Office Code	Office Phone*	
Co-Listing Agent Full Name <i>(if applicable)</i>	Co-Agent License #	Co-Agent Phone	Co-Agent Email
Co-Listing Office Name	Co-List Office Code	Co-List Office Phone	
If Comp Only, Selling Agent Full Name*	Selling Agent License #	Selling Agent Phone	Selling Agent Email
Selling Office Name	Selling Office Code	Selling Office Phone	
Co-Selling Agent Full Name	Co-Selling Agent Office Name		

* indicates Required fields

SIGNATURES			
<i>Broker hereby certifies that she/he has a valid written agreement pertaining to the above property executed by all of the sellers and which meets all the requirements of law including the California Civil Code Section 1086-1090.</i>			
Listing Agent's Signature	Date	Seller's Signature	Date
Broker/Participant's Signature	Date	Seller's Signature	Date

Checklist of Items Included & Excluded From Sale

Property Address:

Items:	Included	Excluded	N/A
Range/Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location & # of Unit			
Location & # of Unit			
Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Entertainment System:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television/Flat Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Ground Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar (PV) System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charging Station For EV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All attached window coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All hardwired light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All bathroom mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Item Included:

Additional Item Excluded:

Seller:

Seller:

Date:

Buyers:

Buyers:

Date:

Disclosure: Public Amenities

Subject Property: _____

The item(s) checked below might influence your decision regarding the purchase of the subject property. Should you wish for additional information, you are encouraged to do further investigation.

_____ Airfields

There are four airfields in Santa Clara County; San Jose International Airport, Reid-Hillview, Moffett Federal Airfield, Palo Alto Airport. Frequency of flights and air patterns can create sound for some properties.

_____ Shoreline Amphitheater, Mountain View

Concerts are held at this outdoor theater from time to time. Sound from these concerts can carry over into portions of Mountain View, Palo Alto and Los Altos.

_____ Paul Masson Winery/ Montalvo Center for the Arts

These two "Centers" sponsor outdoor concerts during the summer months. Sound from these concerts can carry over into portions of Saratoga.

_____ Caltrain Commuter Service

Commuter trains run at regular intervals from San Jose to San Francisco. Sound from these trains can carry over into portions of nearby communities.

_____ Southern Pacific Train

A Southern Pacific train runs from San Jose to Cupertino and back to San Jose three times a week. Sound from this train can carry over into portions of nearby communities.

Dated: _____

Seller: _____

Seller: _____

Buyer acknowledges receipt of this Disclosure:

Dated: _____

Buyer: _____

Buyer: _____

Questions		Yes	No	Notes:
	Garbage date	<input type="checkbox"/>	<input type="checkbox"/>	
	Keys	<input type="checkbox"/>	<input type="checkbox"/>	
	Mailbox kyes	<input type="checkbox"/>	<input type="checkbox"/>	
	Other keys	<input type="checkbox"/>	<input type="checkbox"/>	
	Remote control	<input type="checkbox"/>	<input type="checkbox"/>	
	Gate/garage code	<input type="checkbox"/>	<input type="checkbox"/>	
	Potential rent	<input type="checkbox"/>	<input type="checkbox"/>	
	HOA fees	<input type="checkbox"/>	<input type="checkbox"/>	
	HOA Mgr contact	<input type="checkbox"/>	<input type="checkbox"/>	
	Maintenance records	<input type="checkbox"/>	<input type="checkbox"/>	
	Permits	<input type="checkbox"/>	<input type="checkbox"/>	
	Any non-conforming area	<input type="checkbox"/>	<input type="checkbox"/>	
	All payment up to date	<input type="checkbox"/>	<input type="checkbox"/>	
	Flood Insuance	<input type="checkbox"/>	<input type="checkbox"/>	\$/month:
	Utility	<input type="checkbox"/>	<input type="checkbox"/>	\$/month:
	Special feature			