

MASSACHUSETTS MLS – CONDOMINIUM PROPERTY LISTING FORM

® = Required

® List Price: _____

® Address: _____

® Town: _____

Complex Name: _____

® Type: (check of 1)

___ Condo ___ Co-op ___ Condox

Grade School: _____

Middle School: _____

High School: _____

® Condo Association:

___ Yes ___ No

Optional Service Fee:

\$ _____

Unit Placement:

- ___ Below Grade
- ___ Street
- ___ Upper
- ___ Top/Penthouse
- ___ End
- ___ Middle
- ___ Corner
- ___ Front
- ___ Back

® Association Fee:

\$ _____

Optional Fee

Includes:

® Association Fee

Includes:

- ___ Heat
- ___ Hot Water
- ___ Electric
- ___ Gas
- ___ Water
- ___ Sewer
- ___ Master Insurance
- ___ Security
- ___ Swimming Pool
- ___ Laundry Facilities
- ___ Elevator
- ___ Ext. Maintenance
- ___ Road Maint.
- ___ Landscaping
- ___ Snow Removal
- ___ Golf Course
- ___ Putting Green

- ___ Tennis Court
- ___ Playground
- ___ Park
- ___ Rec. Facilities
- ___ Paddle Tennis
- ___ Exercise Room
- ___ Sauna/Steam
- ___ Clubroom
- ___ Walk/Jog Trails
- ___ Beach Rights
- ___ Dock/Mooring
- ___ Extra Storage
- ___ Refuse Removal
- ___ Garden Area
- ___ Valet Parking
- ___ Not Available

- ___ Heat
- ___ Hot Water
- ___ Electric
- ___ Gas
- ___ Water
- ___ Sewer
- ___ Master Insurance
- ___ Security
- ___ Swimming Pool
- ___ Laundry Facilities
- ___ Elevator
- ___ Ext. Maintenance
- ___ Road Maint.
- ___ Landscaping
- ___ Snow Removal

- ___ Putting Green
- ___ Tennis Court
- ___ Playground
- ___ Park
- ___ Rec. Facilities
- ___ Paddle Tennis
- ___ Exercise Room
- ___ Sauna/Steam
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- ___ Walk/Jog Trails
- ___ Beach Rights
- ___ Dock/Mooring
- ___ Extra Storage
- ___ Refuse Removal
- ___ Garden Area
- ___ Valet Parking

® Unit Level _____

® # Units in Complex: _____

Units Owner Occupied: _____

Units Owner Occupied Source: _____

Complex Complete: ___ Yes ___ No

® Living Levels: _____

® Year Built: _____

® Assessed Value: \$ _____

® Taxes: \$ _____

Approx. Lot Size (sq. ft.): _____

® Style:

- ___ Detached
- ___ Townhouse
- ___ Rowhouse
- ___ Garden
- ___ Half-Duplex
- ___ Hi-Rise
- ___ Mid-Rise
- ___ Low-Rise
- ___ 2/3 Family
- ___ Brownstone
- ___ Courtyard
- ___ Motel/Efficiency
- ___ Other
- ___ Loft

Year Converted: _____

® Year Built Source:

- ___ Appraiser
- ___ Builder
- ___ Owner
- ___ Public Record

® Year Built Description:

- ___ Actual
- ___ Approximate
- ___ Certified Historic
- ___ Renovated Since
- ___ To Be Built
- ___ Under Construction
- ___ Unknown/Mixed
- ___ Never Occupied

Map: _____

Block: _____

Lot: _____

® Zoning Code: _____

Cert/Deed Date: _____

Year Round: ___ Yes ___ No

® Fiscal Year: _____

Master Book: _____

Master Page: _____

® Book: _____

® Page: _____

- ___ Appraiser
- ___ Field Card
- ___ Master Deed
- ___ Measured

Approximate Acres: _____

® Approx. Living Area (sq ft): _____

Includes Finished Basemnt: ___ Y ___ N

® Living Area Source: (check off 1)

- ___ Other
- ___ Owner
- ___ Unit Floor Plan

MASSACHUSETTS MLS – CONDOMINIUM PROPERTY LISTING FORM (page 2)

® = Required

Area Amenities:

- Public Transportation
- Shopping
- Swimming Pool
- Tennis Court
- Park
- Walk/Jog Trails
- Stables
- Golf Course
- Medical Facility
- Laundromat
- Other

® Waterfront: Yes No

Waterfront Description:

- Ocean Bay Waterview Only
- Sound Harbor Access
- Lake Dock/Mooring
- River Frontage Other
- Pond Walk to

® Beach: Yes No

Beach Approx. Miles to: (check off 1)

- 0 to 1/10 mile 1/2 to 1 mile
- 1/10 to 3/10 mile 1 to 2 mile
- 3/10 to 1/2 mile

Beach Description:

- Bay Ocean
- Creek River
- Harbor Other
- Lake/Pond

Beach Ownership:

- Private Deeded Rights
- Public Other
- Association

Pets Allowed:

- No Yes w/Restrictions Yes

Restrictions:

- Adult Community RV/Boat Trailer
- Rentals Other

Management:

- Professional On-Site Advisory Board
- Professional Off-Site Resident Super
- Developer Control No Management
- Owner Association Other

Documents in Hand:

- Master Deed Floor Plans
- Unit Deed Assoc. Fin Statements
- Rules & Regs Certificate Insurance
- Master Plan Other
- Mgt Assoc. Bylaws

Association Pool: Yes No

Pool Description:

- Above Ground Heated
- In-ground Lap
- Indoor

Association Security:

- Fenced Private Guard
- Intercom Security Gate
- TV Monitor Other
- Doorman

Construction:

- Frame
- Brick
- Stone/Concrete
- Block
- Log
- Modular
- Post & Beam
- Other

Roof Material:

- Asphalt Shingles
- Wood Shingles
- Tile
- Slate
- Tar & Gravel
- Shake
- Rubber
- Other
- Metal

Exterior:

- Clapboard Log
- Shingles Brick
- Wood Stone
- Aluminum Shake
- Vinyl Stucco
- Asbestos Other
- Masonite

Exterior Features:

- Porch Balcony
- Enclosed Porch Handicap Access
- Deck Hot Tub/Spa
- Patio Storage Shed
- Enclosed Patio Décor. Lighting
- Covered Patio/Deck Other

MASSACHUSETTS MLS – CONDOMINIUM PROPERTY LISTING FORM (page 3)

® = Required

® Garage Spaces: _____

Garage Description:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Attached | <input type="checkbox"/> Heated |
| <input type="checkbox"/> Detached | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Under | <input type="checkbox"/> Work Area |
| <input type="checkbox"/> Carport | <input type="checkbox"/> Side Entry |
| <input type="checkbox"/> Garage Door Opener | <input type="checkbox"/> Insulated |

® Parking Spaces: _____

Parking Description:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Off-Street | <input type="checkbox"/> On Street Permit |
| <input type="checkbox"/> Rented | <input type="checkbox"/> Assigned |
| <input type="checkbox"/> Tandem | |

® # of Fireplaces: _____

® Basement: (check off 1)

- Yes No

Flooring:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Plywood | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Laminate |
| <input type="checkbox"/> Vinyl | <input type="checkbox"/> Marble |
| <input type="checkbox"/> Wall to Wall Carpet | |

of Heat Zones: _____

® Heating:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Central Heat | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Forced Air | <input type="checkbox"/> Common |
| <input type="checkbox"/> Hot Water Baseboard | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Electric Baseboard | <input type="checkbox"/> Unit Control |
| <input type="checkbox"/> HW Radiators | <input type="checkbox"/> Wall Unit |
| <input type="checkbox"/> Steam | <input type="checkbox"/> Fan Coil |
| <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Extra Flue |
| <input type="checkbox"/> Oil | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gas | <input type="checkbox"/> None |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Hydro Air |

of Cooling Zones: _____

® Cooling:

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Central Air | <input type="checkbox"/> Common |
| <input type="checkbox"/> Window AC | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Wall AC | <input type="checkbox"/> Unit Control |
| <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Fan Coil |
| <input type="checkbox"/> 2 Units | <input type="checkbox"/> Other |
| <input type="checkbox"/> 3 or More | <input type="checkbox"/> None |

Insulation:

- | | | |
|-------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Full | <input type="checkbox"/> Blown In | <input type="checkbox"/> Other |
| <input type="checkbox"/> Partial | <input type="checkbox"/> Styrofoam | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Mixed | <input type="checkbox"/> None |
| <input type="checkbox"/> Loose | | |

Electric:

- | | | |
|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> 110 Volts | <input type="checkbox"/> Circuit Breakers | <input type="checkbox"/> 150 Amps |
| <input type="checkbox"/> 220 Volts | <input type="checkbox"/> 60 Amps/Less | <input type="checkbox"/> 200 Amps |
| <input type="checkbox"/> Fuses | <input type="checkbox"/> 100 Amps | <input type="checkbox"/> Other |

Interior Features:

- | | |
|--|--|
| <input type="checkbox"/> Central Vacuum | <input type="checkbox"/> Wetbar |
| <input type="checkbox"/> Handicap Equipped | <input type="checkbox"/> Intercom |
| <input type="checkbox"/> Security System | <input type="checkbox"/> Walk-up Attic |
| <input type="checkbox"/> Cable Available | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sauna/Steam/Hot Tub | <input type="checkbox"/> Whole House Fan |

Energy Features:

- | | |
|--|---|
| <input type="checkbox"/> Insulated Windows | <input type="checkbox"/> Solar Features |
| <input type="checkbox"/> Storm Windows | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Insulated Doors | <input type="checkbox"/> Prog. Thermostat |
| <input type="checkbox"/> Storm Doors | <input type="checkbox"/> Other |
| <input type="checkbox"/> Attic Vent Elec. | |

Hot Water:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Oil | <input type="checkbox"/> Tank |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Tankless |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Separate Booster |
| <input type="checkbox"/> Propane Gas | <input type="checkbox"/> Leased Heater |
| <input type="checkbox"/> Solar | <input type="checkbox"/> Other |

® Sewer & Water:

- | | |
|--|--|
| <input type="checkbox"/> City/Town Water | <input type="checkbox"/> City/Town Sewer |
| <input type="checkbox"/> Private Water | <input type="checkbox"/> Private Sewerage |
| <input type="checkbox"/> Shared Well | <input type="checkbox"/> Inspection Required |
| <input type="checkbox"/> Community Well | <input type="checkbox"/> Other |

Appliances:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Range | <input type="checkbox"/> Microwave | <input type="checkbox"/> Washer |
| <input type="checkbox"/> Wall Oven | <input type="checkbox"/> Indoor Grill | <input type="checkbox"/> Dryer |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Countertop Range | <input type="checkbox"/> Other |
| <input type="checkbox"/> Disposal | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Water Treatment |
| <input type="checkbox"/> Compactor | <input type="checkbox"/> Freezer | <input type="checkbox"/> None |

Utility Connections:

- | | |
|---|--|
| <input type="checkbox"/> for Gas Range | <input type="checkbox"/> for Gas Dryer |
| <input type="checkbox"/> for Electric Range | <input type="checkbox"/> for Electric Dryer |
| <input type="checkbox"/> for Gas Oven | <input type="checkbox"/> Washer Hookup |
| <input type="checkbox"/> for Electric Oven | <input type="checkbox"/> Icemaker Connection |

Terms:

- | | |
|---|---|
| <input type="checkbox"/> Seller w/Participate | <input type="checkbox"/> Delayed Occupancy |
| <input type="checkbox"/> Assumable | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lease Option | <input type="checkbox"/> Timeshare |
| <input type="checkbox"/> Lease Back | <input type="checkbox"/> Lender Owned |
| <input type="checkbox"/> Contract for Deed | <input type="checkbox"/> Lender Approval Required |

MASSACHUSETTS MLS – CONDOMINIUM PROPERTY LISTING FORM (page 4)

® # Rooms: _____ ® # Bedrooms: _____ ® # Full Baths: _____ ® # ½ Baths: _____ Master Bath: ___Y ___N

ROOM	(circle 1) LEVEL	(round up) SIZE	(write code) FEATURES	Use the 1 Letter Codes below for Room Features. Max 6 per Room
Living Room	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	CODES: A – Full Bath B – Half Bath C – Fireplace D – Wood/Coal Stove E – Skylight F – Cathedral Ceil G – Ceiling Fans H – Linen Closet I – Walk-in Closet J – Cedar Closet K – Hard Wood Flr L – Ceramic Tile Fl M – W to W Carpet N – Bay/Bow Windows O – Dining Area P – Balcony/Deck Q – Interior Balcony R – Hot Tub/Spa S – Steam/Sauna T – Pantry U – Granite/Solid Counters OTHER ROOM CODES: APT - Accessory Apt. BATH – Bathroom BED – Bedroom DEN – Den EXC – Exercise Room FOY – Foyer GAL – Gallery GMR – Game Room GRT – Great Room LAW – In-law Apt. KIT – Kitchen LIB – Library LOF – Loft MED – Media Room MUD – Mud Room OFC – Office PLY – Playroom SIT – Sitting Room SUN – Sunroom WKS – Workshop OTH – Other
Dining Room	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Family Room	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Kitchen	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Master Bedroom	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Bedroom #2	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Bedroom #3	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Bedroom #4	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Bathroom #1	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Bathroom #2	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Bathroom #3	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Laundry	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
(fill in Room Code) Other #1: _____	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Other #2: _____	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Other #3: _____	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Other #4: _____	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Other #5: _____	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	
Other #6: _____	Bsmt 1 st 2 nd 3 rd 4 th	___ X ___	_____	

® Lead Paint:
 ___ Yes
 ___ No
 ___ Certified Treated
 ___ Unknown

Adult Community:
 ___ Yes ___ No

UFFI
 (Formeldahyde):
 ___ Yes ___ No

Warranty Available:
 ___ Yes ___ No

