

RESALE PROPERTY INFORMATION FORM

Please complete this form and return to agent

Seller Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Showing Instructions: _____

Name of Development: _____

of Units/Homes in Development: _____ **Size of Home:** _____ sq. ft. **Date Built:** _____

Style of Home: (Check One)

☐ Single Family

☐ Town Home

☐ Condominium

Condominium/Association Fee, if applicable: \$_____per month

Estimated Annual Taxes: \$_____ per year

☐ Town Water ☐ Septic System

About the Unit:

of Bedrooms: ☐ One ☐ Two ☐ Three, **# of Bathrooms:** ☐ 1 ☐ 1 ½ ☐ 2 ☐ 2 ½

Garage: ☐ Yes, # of cars 1 or 2 (circle one) ☐ No _____ # parking spaces included

Basement: ☐ Yes ☐ No

Heat: ☐ Gas ☐ Electric ☐ Oil, included in condo fee? ☐ Yes ☐ No

Check One ☐ Forced Hot Air ☐ Forced Hot Water

Pets Allowed? ☐ Yes ☐ No

Appliances included in home sale:

Condition of Appliances (excellent, good, fair, poor)

Refrigerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Stove/Oven	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Microwave	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Dishwasher	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Garbage Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Washer/Dryer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

If no, is there a washer and dryer hookup ☐ Yes ☐ No

Central Air Conditioning: ☐ Yes ☐ No

Hard Wood Floors: ☐ Yes ☐ No

Parking: _____

Condition of Walls/Paint, Carpets, Flooring, Bathroom Fixtures?

Please list any other features of the unit, outstanding and/or significant work completed:

Please sign below to confirm that your Resale Property Information Form is filled out accurately.

Sellers' Signature: _____ **Date:** _____