

## 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: \_\_\_\_\_