

# New York State Alliance of MLS's - RNT

Residential Rental – For Member Use Only (MLS data input form) **® DENOTES A REQUIRED FIELD** REV. 4/8/2010

ML# \_\_\_\_\_ **® VRP**  y/n \$ \_\_\_\_\_ \$ \_\_\_\_\_  
*Service Assigned* **Value Range Low Price** **® List Price**

**® County** \_\_\_\_\_ **® Town or City Name** \_\_\_\_\_ **® Area (NYS SWIS Code)** \_\_\_\_\_  
\_\_\_\_\_

**Village** \_\_\_\_\_

**® Address** \_\_\_\_\_ / \_\_\_\_\_ (Pre) \_\_\_\_\_ / \_\_\_\_\_ (Post)  
(Street Number) (Direction) (Street Name) (Direction)

**Tax Map #** \_\_\_\_\_ **® Zip Code** \_\_\_\_\_  
(Auto Populate – complete tax is required for proper mapping)

**® Nearest Cross Street** \_\_\_\_\_ **Subdivision / Community / Complex** \_\_\_\_\_

**® School District Name** \_\_\_\_\_ **Neighborhood** \_\_\_\_\_

**High School Name** \_\_\_\_\_ **Middle School Name** \_\_\_\_\_ **Elementary School Name** \_\_\_\_\_

**® Square Footage** \_\_\_\_\_ **# of Acres** \_\_\_\_\_ **Unit #** \_\_\_\_\_

\_\_\_\_\_

## OFFICE INFORMATION

**® Listing Agent ID** \_\_\_\_\_ **Listing Agent 2 ID** \_\_\_\_\_ **® Showing/Appt #** \_\_\_\_\_

**Listing Agent Name** \_\_\_\_\_ **Owner Address Same as Property**  y/n  
(Last Name, First Name)

**® Owner 1 Last Name** \_\_\_\_\_ **Owner 1 First Name** \_\_\_\_\_  
**Owner 2 Last Name** \_\_\_\_\_ **Owner 2 First Name** \_\_\_\_\_

**Owner Address** \_\_\_\_\_  
(Street Number) (Street name as per tax record)  
(City) (State) (Zip Code)

**® List Date** \_\_\_\_\_ **® Expiration Date** \_\_\_\_\_ **® Special Conditions Apply** \_\_\_\_\_  
M M D D Y Y M M D D Y Y  y/n Call Listing Broker

**® Listing Type**  Exclusive Right to Sell  Exclusive Agency (Choose 1) **Service Type**  Limited Services  MLS Entry Only (Choose 1)

**Private Remarks** (600 spaces) (Confidential – For Member Use Only) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**® Showing/Appt Description**  Agent  Appt Service  Office  Owner (choose 1)  
**® Compensation** \_\_\_\_\_ (Broker's Agent)  
**® Compensation** \_\_\_\_\_ (Buyer's Broker)  
**® Compensation** \_\_\_\_\_ (Sub Agent)

**® Showing Instructions**  
 Call List Agent for Showing Instructions  
 Call Owner/ Tenant  
 HUD Master Key  
 Key at Listing Office  
 Lockbox – 24 Hour Access  
 Lockbox – Call First  
 Lockbox – Must Make Appointment  
 Lockbox – Timed Access  
 Lockbox – Vacant  
 Owner Occupied  
 Tenant Occupied  
 Other (1 required, choose up to 4)

**® Negotiation With**  
 Listing Broker Only  
 Owner Directly (Choose 1)

**Property Exclusions**  y/n (See private remarks)

**Tenant Name** (Last Name, First Name) \_\_\_\_\_

## GENERAL INFORMATION

**® Unit Type**  
 Apartment  Seasonal  
 Condo  Single  
 Mobile  Townhouse  
 Patio Home  Other  
(Choose up to 2)

**® # Bedrooms** \_\_\_\_\_ **® # Full Baths** \_\_\_\_\_

**# Possible Bedrooms** \_\_\_\_\_ **® # Half Baths** \_\_\_\_\_

**® On Waterfront? / Description**  
 Bay  Channel  Lake/Pond  
y/n  Canal  Falls  Reservoir  
 Cape  Harbor  River/Stream/Creek  Swamp (Choose 1)

**Island** \_\_\_\_\_

**Waterfront Name** \_\_\_\_\_

**Waterfront Footage** \_\_\_\_\_ **Riparian Rights** \_\_\_\_\_  
(Approximate) \_\_\_\_\_ y/n

**Accessibility**  
 32" Doors- some  
 Accessible / ANSI-some  
 Adaptable Home- some  
 Bath- Removable Cabinets  
 Built to ANSI standards  
 Chairlift- see Remarks  
 Elevator- ANSI standard  
 Entry Level Bedroom  
 Handicap Doors- some  
 Kitchen- Adj Cabinets  
 No Interior Steps  
 No Step Entry  
 No Step Laundry  
 No Step Shower  
 Ramp  
 Visual Alert System  
 Wheelchair Bathroom  
 Wheelchair Hall – 4'+  
 Wheelchair Kitchen

**Single Family Style**  
 Bungalow  
 Cabin  
 Cape Cod  
 Colonial  
 Contemporary (Choose 1)

**® Parking Description**  
 Garage  Street  
 Off Street  Other  
(Choose up to 2)

**Unit Style**  
 2 Family  Complex  
 3 Family  Duplex  
 4 Family  High Rise  
 5 Family  Mid Rise  
(Choose up to 2)  Other

**RESIDENTIAL RENTAL  
ADDITIONAL INFORMATION**

<input type="checkbox"/> <b>® Rent Includes</b>	<input type="checkbox"/> Lawn Maintenance	<input type="checkbox"/> <b>® Lease Term</b>	<input type="checkbox"/> <b>® Furnished</b>	<input type="checkbox"/> <b>® Security/Pet Deposit</b>	<input type="checkbox"/> <b>® Pets Allowed</b>	<input type="checkbox"/> <b>® Date Available</b>
<input type="checkbox"/> All Utilities	<input type="checkbox"/> No Utilities	<input type="checkbox"/> Month to Month	<input type="checkbox"/> y/n	_____	<input type="checkbox"/> y/n	____/____/____
<input type="checkbox"/> Association Fee	<input type="checkbox"/> Recycling	<input type="checkbox"/> 6 Month		<input type="checkbox"/> <b>® Internet</b>		m m d d y y
<input type="checkbox"/> Cooking Gas	<input type="checkbox"/> Refuse Removal	<input type="checkbox"/> 1 Year		<input type="checkbox"/> <b>® Internet Street Address</b>	<input type="checkbox"/> <b>® IDX</b>	<input type="checkbox"/> <b>® AVM</b>
<input type="checkbox"/> Electric	<input type="checkbox"/> Snow Removal	<input type="checkbox"/> Weekly	<input type="checkbox"/> <b>® Internet</b>	<input type="checkbox"/> y/n	<input type="checkbox"/> y/n	<input type="checkbox"/> y/n
<input type="checkbox"/> Heat	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Sublease	<input type="checkbox"/> <b>® Internet</b>	<input type="checkbox"/> y/n	<input type="checkbox"/> y/n	<input type="checkbox"/> y/n
<input type="checkbox"/> Hot Water	<input type="checkbox"/> Other	<input type="checkbox"/> Other				<input type="checkbox"/> <b>Third Party</b>
<i>(Choose up to 10)</i>		<i>(Choose up to 3)</i>				<input type="checkbox"/> <b>® Commentary</b>
						<input type="checkbox"/> <b>Lockbox Serial #</b>
						_____

**Public Remarks (600 spaces)** *(No contact information of any kind, restricted to property information only as per MLS policy #13)*

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**® Directions to Property** \_\_\_\_\_

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**Virtual Tour Link (150 spaces)**

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\_\_\_\_\_

Seller(s) has verified the above information and warrants that it is accurate to the best of his/her (their) knowledge

Owner _____	Firm _____
Owner _____	Listing Agent _____ Date Signed _____