

**ALL LISTINGS ARE REQUIRED TO BE PROCESSED WITHIN 48 HOURS OF COMMENCEMENT DATE
ORIGINAL DOCUMENTS ARE REQUIRED TO BE MAILED TO WPML WITHIN 48 HOURS
MANDATORY FIELDS MUST BE COMPLETED OR A FINE IS LEVIED**

**RES SINGLE FAMILY
RESIDENTIAL FORM
PROPERTY INPUT STATEMENT**



LISTING # _____
ASSIGNED BY ON-LINE

COUNTY (¹ One)

- | | | | |
|--|---|--|---|
| NAL <input type="checkbox"/> North Allegheny | BUT <input type="checkbox"/> Butler | CLA <input type="checkbox"/> Clarion | SOM <input type="checkbox"/> Somerset |
| NWA <input type="checkbox"/> North West Allegheny | LAW <input type="checkbox"/> Lawrence | WML <input type="checkbox"/> Westmoreland | GRE <input type="checkbox"/> Greene |
| WAL <input type="checkbox"/> West Allegheny | MER <input type="checkbox"/> Mercer | IND <input type="checkbox"/> Indiana | NTH <input type="checkbox"/> North Other |
| SAL <input type="checkbox"/> South Allegheny | BEA <input type="checkbox"/> Beaver | FAY <input type="checkbox"/> Fayette | STH <input type="checkbox"/> South Other |
| EAL <input type="checkbox"/> East Allegheny | ARM <input type="checkbox"/> Armstrong | WSH <input type="checkbox"/> Washington | ETH <input type="checkbox"/> East Other |

AGENT ID # _____ **MANDATORY**

PRICE (Use Commas No Cents)
\$ _____

ADDRESS # _____ **AD DIRECTION** _____ **STREET NAME** (Do not abbreviate) _____

_____ (N-S-E-W)
AREA _____ **UNIT # (For Twn .Condo -Coop)** _____ **ZIP CODE** _____ **MANDATORY**

DIRECTIONS (Enter Directions For Locating Property. Use L for Left, R for Right. Use Commas and spaces where applicable.)

1 DIR _____

2 DIR _____

TYPE PROPERTY (¹ One)

- | |
|---|
| RES <input type="checkbox"/> Residence |
| TWN <input type="checkbox"/> Townhouse |
| CONDO <input type="checkbox"/> Condominium |
| COOP <input type="checkbox"/> Cooperative |
| MOB <input type="checkbox"/> Mobile Home |
| MOD <input type="checkbox"/> Modular Home |
| OTH <input type="checkbox"/> Other |

REV 3/2/2006

BEDROOMS TOTAL (Enter #) _____		YEARS OLD (Enter #s Only) Use "0" new = 0 Only if _____ older = 999 "new" (unknown)		CONSTRUCT TYPE N <input type="checkbox"/> NEW E <input type="checkbox"/> EXISTING (Never Occupied) MANDATORY		HEAT TYPE (¹ One From Each Column)	
FULL BATHS (Enter # Of Baths) _____		PARTIAL BATHS _____		FIREPLACE (# OF) (Enter # of functional fireplaces only) _____		GAS <input type="checkbox"/> Gas FA <input type="checkbox"/> Forced Air	
ROOMS LEVEL: Size: B = Basement Must Be Completed L = Lower (Enter Dimensions no decimals) M = Main U = Upper		STYLE (¹ One) MANDATORY		FP DESCRIPTION (Enter Location and/or Description) _____		ELE <input type="checkbox"/> Electric HW <input type="checkbox"/> Hot Water	
LR LEVEL _____ LR SIZE _____ x _____		RANCH <input type="checkbox"/> Ranch or 1 Level		BASEMENT (¹ One) Y <input type="checkbox"/> Yes N <input type="checkbox"/> No		OIL <input type="checkbox"/> Oil BB <input type="checkbox"/> Basebrd	
DR LEVEL _____ DA SIZE _____ x _____		SPLIT <input type="checkbox"/> Split Entry		BSMT DESCRIPTION (Enter Description and/or Size) _____		SOL <input type="checkbox"/> Solar HP <input type="checkbox"/> Heat Pmp	
KIT LEVEL _____ KIT SIZE _____ x _____		2 ST <input type="checkbox"/> 2 Story or 2 level		PARKING SPACES (Enter # of Garage or Street Spaces) _____		PRO <input type="checkbox"/> Propane ST <input type="checkbox"/> Steam	
FAM LEVEL _____ FAM SIZE _____ x _____		OVER 2 <input type="checkbox"/> 3 or More Stories		PARKING DESCRIPTION (¹ One)		COA <input type="checkbox"/> Coal SP <input type="checkbox"/> Space Htr	
DEN LEVEL _____ DEN SIZE _____ x _____		MULTI <input type="checkbox"/> MultiLevel		ASNGD <input type="checkbox"/> Assigned Space		WD <input type="checkbox"/> Wood GR <input type="checkbox"/> Gravity	
GAM LEVEL _____ GAM SIZE _____ x _____		R RNCH <input type="checkbox"/> Raised Ranch		INT/GRG <input type="checkbox"/> Integral Garage		OTH <input type="checkbox"/> Other RA <input type="checkbox"/> Radiant	
ENT LEVEL _____ ENT SIZE _____ x _____		A FRM <input type="checkbox"/> A-Frame		ATT/GRG <input type="checkbox"/> Attached Garage		ZN <input type="checkbox"/> Zone	
M BR LEVEL _____ M BR SIZE _____ x _____		1.5 <input type="checkbox"/> 1 1/2 Story		DET/GRG <input type="checkbox"/> Detached Garage		AVG BILL (MO) (Round To Highest Dollar) _____	
2 BR LEVEL _____ 2 BR SIZE _____ x _____		GARDEN <input type="checkbox"/> Garden Apartmnt		CARPORT <input type="checkbox"/> Covered Parking		COOLING (No More Than Two If None Leave Blank)	
3 BR LEVEL _____ 3 BR SIZE _____ x _____		H RISE <input type="checkbox"/> High Rise		COM/AR <input type="checkbox"/> Gen/Comm Area		GAS <input type="checkbox"/> Gas	
4 BR LEVEL _____ 4 BR SIZE _____ x _____		M RISE <input type="checkbox"/> Mid Rise		ON/ST <input type="checkbox"/> On-street Parking		ELE <input type="checkbox"/> Electric	
5 BR LEVEL _____ 5 BR SIZE _____ x _____		OTHER <input type="checkbox"/> Other		OFF/ST <input type="checkbox"/> Off-street Parking		CEN <input type="checkbox"/> Central	
FLOORS (¹ Up To 3)		ARCHITECTURE (¹ One)		FEE <input type="checkbox"/> Fee for Parking		WND <input type="checkbox"/> Window AC	
TL <input type="checkbox"/> Tile		CCD <input type="checkbox"/> Cape Cod		OTH <input type="checkbox"/> Other Parking Available		WALL <input type="checkbox"/> Wall Unit	
CT <input type="checkbox"/> Ceramic Tile		LOG <input type="checkbox"/> Log		ROOF (¹ One)		ATTIC <input type="checkbox"/> Attic Fan	
HW <input type="checkbox"/> Hard Wood		TUD <input type="checkbox"/> Tudor		ASPHALT <input type="checkbox"/> Asphalt		OTH <input type="checkbox"/> Other	
WW <input type="checkbox"/> Wall To Wall		PRO <input type="checkbox"/> Provincial		COMP <input type="checkbox"/> Composition		WATER (¹ One) SEWER (¹ One)	
MA <input type="checkbox"/> Masonite		SPA <input type="checkbox"/> Spanish		TILE <input type="checkbox"/> Tile		PUB <input type="checkbox"/> Public PUB <input type="checkbox"/> Public	
VY <input type="checkbox"/> Vinyl		COL <input type="checkbox"/> Colonial		SLATE <input type="checkbox"/> Slate		WELL <input type="checkbox"/> Well SEP <input type="checkbox"/> Septic	
AR <input type="checkbox"/> Area Rug		DUT <input type="checkbox"/> Dutch		ASBESTOS <input type="checkbox"/> Asbestos		SPG <input type="checkbox"/> Spring AVL <input type="checkbox"/> Available	
OT <input type="checkbox"/> Other		FRM <input type="checkbox"/> Farmhouse		SHAKE <input type="checkbox"/> Shake		CIS <input type="checkbox"/> Cistern OTH <input type="checkbox"/> Other	
		SLT <input type="checkbox"/> Saltbox		BUILT UP <input type="checkbox"/> Built up		AVL <input type="checkbox"/> Available	
		VIC <input type="checkbox"/> Victorian		OTHER <input type="checkbox"/> Other		OTH <input type="checkbox"/> Other	
		COT <input type="checkbox"/> Cottage				INSULATION Y <input type="checkbox"/> Yes N <input type="checkbox"/> No U <input type="checkbox"/> Unknown	
		CHA <input type="checkbox"/> Chalet				TYPE INSULATION (Enter Type of Insulation) _____	
		CON <input type="checkbox"/> Contemporary				POOL (¹ One) ZIP code _____	
		ROW <input type="checkbox"/> Row				Y <input type="checkbox"/> YES N <input type="checkbox"/> NO MANDATORY	
		OTH <input type="checkbox"/> Other				SCHOOL DISTRICT _____	
		CONSTRUCTION (¹ One)		ZONING _____ Enter Type Zoning		SCHOOL TRANS. PUBLIC TRANS. (¹ One) (¹ One)	
		BRK <input type="checkbox"/> Brick		TOUR DATE (i. e. DD-MM-YYYY) _____		Y <input type="checkbox"/> Yes Y <input type="checkbox"/> Yes	
		FRM <input type="checkbox"/> Frame		TOUR INFO _____		N <input type="checkbox"/> No N <input type="checkbox"/> No	
		STN <input type="checkbox"/> Stone					
		AL <input type="checkbox"/> Aluminum					
		STL <input type="checkbox"/> Steel					
		ASB <input type="checkbox"/> Asbestos					
		SHN <input type="checkbox"/> Shingle					
		CON <input type="checkbox"/> Concrete					
		STU <input type="checkbox"/> Stucco					
		CED <input type="checkbox"/> Cedar					
		RED <input type="checkbox"/> Redwood					
		VIN <input type="checkbox"/> Vinyl					
		OTH <input type="checkbox"/> Other					

	SHOW (¹ One) MANDATORY APT OCC <input type="checkbox"/> Apt w/Occupant APT LIS <input type="checkbox"/> Apt w/Listor CALL/LB <input type="checkbox"/> Call First/Lock Box VAC/LB <input type="checkbox"/> Vacant/lock Box APT/LB <input type="checkbox"/> Apt w/Contact-Required KEY/LIST <input type="checkbox"/> Key at Listor CALL TEN <input type="checkbox"/> Call Tenant OTHER <input type="checkbox"/> Any Arrangement not included above	ASSESSMENT VALUE MANDATORY \$ _____ (Enter Current Assessment) TAXES (No Commas, No Cents) \$ _____ MANDATORY MAINT CONDO(s) (No Commas, No Cents) \$ _____ Enter Monthly Fee
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LOT SIZE/DESCRIPTION (Enter property dimensions for all listings that consist of 5 acres or LESS.) *If dimensions are not available it is required that a copy of the DEED accompany the paperwork.) _____ **MANDATORY**

ACRES (Enter # of acres using 1 Decimal) _____ **MANDATORY (If over 5 acres)**

INCLUSIONS (¹ Up To 10)	<input type="checkbox"/> AD Auto Door on Garage <input type="checkbox"/> CO Convention Oven <input type="checkbox"/> DS Disposal <input type="checkbox"/> DW Dishwasher <input type="checkbox"/> EC Electric Cook Top <input type="checkbox"/> TC Trash Compactor	<input type="checkbox"/> ES Electric Stove <input type="checkbox"/> GC Gas Cook Top <input type="checkbox"/> GS Gas Stove <input type="checkbox"/> HT Hot Tub <input type="checkbox"/> IC Intercom System <input type="checkbox"/> WT Window Treatment	<input type="checkbox"/> JT Jet Spray Tub <input type="checkbox"/> KI Kitchen Island <input type="checkbox"/> SC Screens <input type="checkbox"/> MO Microwave Oven <input type="checkbox"/> MP Multipane Windows <input type="checkbox"/> MC Microwave/Convention Oven Combo	<input type="checkbox"/> PA Pantry <input type="checkbox"/> RF Refrigerator <input type="checkbox"/> WW Wall to Wall Carpet <input type="checkbox"/> SEC Security System <input type="checkbox"/> SW Storm Windows
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Buyer Agency Commission _____ MANDATORY Enter decimal or dollar amount to be paid. A zero (0) is acceptable.	Inhouse Commission Difference Y <input type="checkbox"/> YES N <input type="checkbox"/> NO MANDATORY This field MUST be utilized if a different commission would be paid for an in-house sale.
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REMARKS (Enter Remarks, Inclusions, Amenities, Restrictions. For Condominiums, enter "Condo incl." followed by abbreviations given below for those services which are included in the condominium fee: separate by commas, and/or spaces. Please Add Deed Book Volume and Page Number.) _____

1 REM _____

2 REM _____

3 REM _____

4 REM _____

SAC _____ **MANDATORY** **TLC** _____ **MANDATORY**

Do you want an extra photo? Yes No **How many photos?** _____ **Picture Submitted** Yes No

AA = All Amenities
CS = Custodian Service
EL = Electric
GA = Gas
RF = Recreation Facilities
IP = Inground Pool
OP = Out of Ground Pool
PR = Party Room
SA = Some Amenities
SF = Special Financing
TR = Trash Removal
WP = Water Purifier
WS = Water Softener
W/D = Washer/Dyer Incl.

OWNER _____ **MANDATORY**

CONTACT _____ **CONTACT PH** _____

AGENT _____ **AGENT PH** _____ **LOCKBOX SERIAL#** _____

OFFICE _____ **OFFICE PH** _____ **OFFICE ID#** _____

Seller acknowledges that they alone are responsible for the accuracy of the information contained in this form and that the information is accurate and complete to the best of the Seller's knowledge. Seller further acknowledges that the West Penn Multi-List, Inc., did not participate in the completion of this form.

SIGNATURE OF OWNER _____ **DATE** _____

MANDATORY

SIGNATURE OF OWNER _____ **DATE** _____

MANDATORY

List Date: Must agree with Commencement Date on Listing Contract