

Profile Sheet Condo or COOP

Directions:

Remarks:

Condo
or
COOP

(Memoranda for Broker's convenience only from sources believed reliable but not guaranteed)

All Room Sizes Approximate

Address		Va		\$		MLS#	
Project & Unit #		Age		Cnty/City		MC Sub Major	
How Shown		Management		Level size		Level size	
Lockbox		Site: On <input type="checkbox"/> Off <input type="checkbox"/>		LR		MBR	
Total Units		Ph*		DR		Sit Rm	
Conv Yr		Park Fee \$		Kit		BR	
Unit Sq. Ft		Assigned?		ESIK		BR	
Design		Garage		FR		BR	
Style		Gen Corn Elm		RR		BR	
Main Ent		Project approved for		UR		BR	
Other Ent		FHA <input type="checkbox"/> FMNA <input type="checkbox"/>		Den		Level Type	
R.E. Tax \$ Yr		FHLMC <input type="checkbox"/> VA <input type="checkbox"/>		Storage		BA	
Avail Date		VHDA <input type="checkbox"/>				BA	
Condo Docs at		Restrictions: Pets <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/>		BA		HOA / Mo \$	
Assoc. Fee\$ per Mo.		Incl: Elec. <input type="checkbox"/> Gas <input type="checkbox"/> Wtr <input type="checkbox"/> Heat <input type="checkbox"/> AC <input type="checkbox"/> Trash <input type="checkbox"/> Rec.Fac <input type="checkbox"/>		Res Fnd <input type="checkbox"/> Ins <input type="checkbox"/> Other <input type="checkbox"/>			
Trust		Type		Nb Yr		Int Rt	
1 st						% \$	
2nd						% \$	
Cash to Assume \$		Assumption Terms				OWTB \$	
Land- Owned <input type="checkbox"/> Leased <input type="checkbox"/>		Future expansion possible/planned? Yes <input type="checkbox"/> No <input type="checkbox"/>				Home Warranty <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
ES		MS		HS		(Covers all working components for 1 year after settlement)	
Owner							
Occupant		Phone				Until	
Lister		Lister Phone				Broker Init. CS	
REALTOR		Phone				Broker Code	
Address		Levels		BR BA		\$	
						MLS #	

CONVEYS
YES NO ITEM

<input type="checkbox"/>	<input type="checkbox"/>	Stove or Range
<input type="checkbox"/>	<input type="checkbox"/>	Cook top
<input type="checkbox"/>	<input type="checkbox"/>	Wall Oven(s) # _____
<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator(s) # _____ w/ ice maker
<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher
<input type="checkbox"/>	<input type="checkbox"/>	Built-in Microwave
<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor

CONVEYS
YES NO ITEM

<input type="checkbox"/>	<input type="checkbox"/>	Disposer
<input type="checkbox"/>	<input type="checkbox"/>	Freezer
<input type="checkbox"/>	<input type="checkbox"/>	Window Fan(s) # _____
<input type="checkbox"/>	<input type="checkbox"/>	Window A/C Unit(s) # _____
<input type="checkbox"/>	<input type="checkbox"/>	Pool, Equip. & Cover
<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub, Equip. & Cover
<input type="checkbox"/>	<input type="checkbox"/>	Shades and or Blinds
<input type="checkbox"/>	<input type="checkbox"/>	Window Treatments

CONVEYS
YES NO ITEM

<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan(s) # _____
<input type="checkbox"/>	<input type="checkbox"/>	Washer
<input type="checkbox"/>	<input type="checkbox"/>	Dryer
<input type="checkbox"/>	<input type="checkbox"/>	Furnace Humidifier
<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Filter
<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum
<input type="checkbox"/>	<input type="checkbox"/>	Water Softener
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Fan(s)

CONVEYS
YES NO ITEM

<input type="checkbox"/>	<input type="checkbox"/>	Alarm System
<input type="checkbox"/>	<input type="checkbox"/>	Intercom
<input type="checkbox"/>	<input type="checkbox"/>	Storage Shed(s) # _____
<input type="checkbox"/>	<input type="checkbox"/>	Garage Opener(s) # _____ w/ remote(s) # _____
<input type="checkbox"/>	<input type="checkbox"/>	Playground Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Wood Stove
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Screen

Other:

WATER, SEWAGE, HEATING, AND CENTRAL AIR CONDITIONING: (Check all that apply)

Water Supply: Public
Sewage Disposal: Public

Hot Water: Oil Gas Elec.
Air Conditioning: Oil Gas Elec. Heat Pump
Heating: Oil Gas Elec. Heat Pump Other _____
System Type: FA BB Radiator Other _____