



RESIDENTIAL DWELLING/OTHER STRUCTURE FOR LAND PROPERTY WORKSHEET



The representations contained in this worksheet are made by the owner and are not the representations of the owner's agent or subagent. The worksheet is not a warranty or a guarantee of any kind by the owner or by any agent or subagent representing the owner of the property. This statement is not a substitute for any inspection. Potential purchasers are encouraged to obtain their own professional inspection and should not rely upon the information contained in this worksheet.

Please PRINT clearly in all blanks.

MLS # _____

Listing Address: _____

Listing Agent Name: Jonathan Minerick

Listing Agent Phone #: 888-400-2513

Listing Brokerage: homecoin.com

Listing Brokerage Phone #: 888-400-2513

Unit/Suite # _____

Listing Agent E-mail: info@homecoin.com

Extension: _____

Extension: _____

RESIDENTIAL DWELLING ON PROPERTY INCLUDES THESE FEATURES. *Please Check ALL that Apply.*

Style		Notes
1	<input type="checkbox"/>	1 Story
2	<input type="checkbox"/>	2 Story
3	<input type="checkbox"/>	2 ½ Story
4	<input type="checkbox"/>	3 Story
5	<input type="checkbox"/>	Bi-Level
6	<input type="checkbox"/>	Cape Cod / 1.5 Story
7	<input type="checkbox"/>	Split – 3 Level
8	<input type="checkbox"/>	Split – 4 Level
9	<input type="checkbox"/>	Split – 5 Level +
10	<input type="checkbox"/>	Other Structure – Please Describe
Year Built		
11	<input type="checkbox"/>	
Bedroom Total		
12	<input type="checkbox"/>	
Full Baths Total		
13	<input type="checkbox"/>	
Half Baths Total		
14	<input type="checkbox"/>	
Parking Type (1 to 22 required)		
15	<input type="checkbox"/>	1 Car Garage
16	<input type="checkbox"/>	2 Car Garage
17	<input type="checkbox"/>	3 Car Garage
18	<input type="checkbox"/>	4 Car Garage
19	<input type="checkbox"/>	5 Car Garage\+
20	<input type="checkbox"/>	Attached Garage
21	<input type="checkbox"/>	1 Carport
22	<input type="checkbox"/>	2 Carport
23	<input type="checkbox"/>	3 Carport\+
24	<input type="checkbox"/>	1 Off Street

25	<input type="checkbox"/>	2 Off Street	
Parking Type (1 to 22 required – continued)			
26	<input type="checkbox"/>	Detached Garage	
27	<input type="checkbox"/>	Heated	
28	<input type="checkbox"/>	Opener	
29	<input type="checkbox"/>	Shared Driveway	
30	<input type="checkbox"/>	Side Load	
31	<input type="checkbox"/>	Tandem	
32	<input type="checkbox"/>	On Street	
33	<input type="checkbox"/>	Assigned	
34	<input type="checkbox"/>	Lift	
35	<input type="checkbox"/>	Common Area	
36	<input type="checkbox"/>	Farm Building	
Basement Y/N			
37	<input type="checkbox"/>	Yes	
38	<input type="checkbox"/>	No	
Alternate Uses			
39	<input type="checkbox"/>	Bed & Breakfast	
40	<input type="checkbox"/>	Business Op	
41	<input type="checkbox"/>	Commercial	
42	<input type="checkbox"/>	Farm	
43	<input type="checkbox"/>	Industrial	
44	<input type="checkbox"/>	Multi-Family	
45	<input type="checkbox"/>	Office	
46	<input type="checkbox"/>	Rooming House	
47	<input type="checkbox"/>	Additional Notes	

Signature of Owner(s)

Date: _____

Signatures of Agent & Broker

Agent Jonathan Minerick
 Broker Jonathan Minerick

Date: _____