

RENTAL UNIT INFORMATION & AMENITIES

The following form will become the actual brochure for your property. It will also be attached to and made a part of the Listing Agreement that you have signed. In order for the Dellas Agency to represent you as well as possible, please complete this form thoroughly. Please provide as much information as possible. Attach additional sheet(s) if needed. This information is used to promote your property.

RENTAL UNIT ADDRESS: _____

Number of Bedrooms ()

Maximum # of people permitted ()

TYPE OF PROPERTY: <input type="checkbox"/> Rancher <input type="checkbox"/> Victorian <input type="checkbox"/> Duplex 1 st Floor <input type="checkbox"/> Duplex 2 nd Floor <input type="checkbox"/> Twin <input type="checkbox"/> Quad <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Other _____ # of Stories _____ Square Feet _____	BEDS & PROVIDED: (If the type that you have is not listed, please list it for our records) <input type="checkbox"/> Single Beds: # _____ <input type="checkbox"/> Double Beds: # _____ <input type="checkbox"/> Queen Beds: # _____ <input type="checkbox"/> King Beds: # _____ <input type="checkbox"/> Sofa Bed: S # _____, D # _____, Q # _____, K # _____ <input type="checkbox"/> Futons: S # _____, D # _____, Q # _____, K # _____ <input type="checkbox"/> Day Bed: S # _____, D # _____, Q # _____, K # _____ <input type="checkbox"/> Bunk: S # _____, D # _____, Q # _____, K # _____ <input type="checkbox"/> Trundle: S # _____, D # _____, Q # _____, K # _____ <input type="checkbox"/> Rollaway Beds: # _____ <input type="checkbox"/> Cribs: # _____	BEDDING PROVIDED: <input type="checkbox"/> Sheets: # _____ <input type="checkbox"/> Blankets: # _____ <input type="checkbox"/> Pillows: # _____ <input type="checkbox"/> Towels: # _____ <input type="checkbox"/> Other: _____
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RENTAL UNIT CONTAINS:

Kitchen Eat-In Kitchen Dining Capacity Dining Room Dining Capacity Living Room Family Room

Bathroom(s): # _____ & Location: _____

½ Bathroom(s): # _____ & Location: _____

Shower/Tub: # _____ & Location of Each: _____

Shower Only: # _____ & Location of Each: _____

Tub Only: # _____ & Location of Each: _____

Internet Access & Location: _____

Elevator Handicap Access/Friendly

AMENITIES:

Telephone: (# _____) High Speed Internet # & Location: _____

Heat/Type: _____ Air Conditioning: () Central or () Window Units # _____ **LOCATION** _____

Fans: () Ceiling: # _____ & Location: _____ Portable: # _____ & Location: _____

Washer Dryer Washer/Dryer are in a Common Area Located: _____ Wash/Dryer are Coin Operated

Dishwasher, Stove: Electric _____; Gas _____, Oven: Electric _____; Gas _____, Microwave, Coffee Maker Toaster Toaster Oven Blender

Refrigerator: _____ Full Size _____ Mini, Iron & _____ Board Vacuum # _____ & Location _____

Radio # _____ CD # _____ Cable Satellite TV Sets # _____ & Location: _____ DVD # _____ VCR # _____

Deck: Open _____; Screened _____ Porch: Open _____; Screened _____; Encl _____ Porch Furniture & Type: _____

Beach Chairs: # _____ Beach Box & Location: _____ Outside Shower: H/C: _____; Cold Only: _____; Encl: _____

Fenced yard Pool Boat Slip # _____ & Location: _____

Off -Street Parking: # _____ of spaces Permit Parking: # _____ of spaces & Location: _____

OTHER:

Pets Allowed: Yes _____ No _____ Smoking Allowed: Yes _____ No _____ Outdoor Cooking Permitted: Yes _____ No _____

Trash Day(s): _____ Inside Grill Provided: Charcoal _____; Propane _____; Natural Gas _____

Recycle Day(s): _____ Outside Only Electric: _____

Not On Premises Elevator: _____ In unit _____ Common Area

OTHER AGENCIES HANDLING RENTAL: _____

SPECIAL CLAUSE(S) REQUIRED IN LEASE: _____

OWNER/REPRESENTATIVE SIGNATURE: _____ **Date:** _____