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:
___ Rancher
____Victorian
____Duplex 1st Floor
____Duplex 2nd Floor
____Twin
____Quad
____Condo ____Townhouse
____Other_____
# of Stories _____
Square Feet_____

BEDS & PROVIDED: (If the type that you have is not listed, please list it for our records)
____Single Beds: #_____
____Double Beds: #_____
____Queen Beds: #_____
____King Beds: #_____
____Sofa Bed: S #____, D #_____, Q #_____, K #_____
____Futons: S #_____, D #_____, Q #_____, K #_____
____Day Bed: S #_____, D #_____, Q #_____, K #_____
____Bunk: S #_____, D #_____, Q #_____, K #_____
____Trundle: S #_____, D #_____, Q #_____, K #_____
____Rollaway Beds: #_____
____Cribs: #_____

BEDDING PROVIDED:
____Sheets: #_____
____Blankets: #_____
____Pillows: #_____
____Towels: #_____
____Other:

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:_____

____Whirlpool/Jacuzzi & 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____

Trash Day(s):_____

Recycle Day(s):_____

Smoking Allowed: Yes_____ No_____
____Inside
____Outside Only
____Not On Premises

Outdoor Cooking Permitted: Yes_____ No_____
Grill Provided: Charcoal ____ ; Propane____; Natural Gas____
Electric:_____
Elevator: _____ In unit ____ Common Area

OTHER AGENCIES HANDLING RENTAL:_____

SPECIAL CLAUSE(S) REQUIRED IN LEASE:_____

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