

(2) Class MF



Multiple Listing Service® for Thunder Bay Real Estate Board MULTI-FAMILY INPUT FORM

MLS® # _____

All fields marked with an asterisk () and Bold Text are required. (Lookup) fields provide a list from which to select.

| | | | | |
|---|---|---|--|-----------------------------------|
| STANDARD | *Type: <input type="checkbox"/> Multi-Family | | | |
| | * Style: <input type="checkbox"/> Duplex <input type="checkbox"/> Multi(4 or fewer) <input type="checkbox"/> Multi(5+) | | | |
| | *District: _____ (Lookup) | | *Sub-District: _____ (Lookup) | |
| | *Address: _____ House # Unit. # Street Name Street Type Street Direction | | | |
| | *City/Twp/Municipality: _____ (50) | | *Province: ON *Postal Code: _____ | |
| | *Listing Price \$: _____ (8) | | | |
| | *Seller 1 Name: _____ (50) | | | |
| | Seller 2 Name: _____ (50) | | | |
| | *PIN # _____ (150) | | Acreage : _____ (###.#) | |
| | **If Multiple PINS, use semi-colon to separate | | | |
| | Property Size: <input type="checkbox"/> Under 0.5 Acres <input type="checkbox"/> 0.5 -0.99 Acres <input type="checkbox"/> 1.0 -2.99 Acres <input type="checkbox"/> 3.0 - 9.99 Acres <input type="checkbox"/> 10.0 - 49.99 Acres <input type="checkbox"/> 50 - 100 Acres <input type="checkbox"/> Over 100 Acres | | | |
| | Zoning: _____ (Lookup) | | Age: _____ (##) | |
| | Age (Building) <input type="checkbox"/> New: <input type="checkbox"/> 1-5 Years <input type="checkbox"/> 6-10 Years <input type="checkbox"/> 11-15 Years <input type="checkbox"/> 16-20 Years <input type="checkbox"/> 21-25 Years <input type="checkbox"/> 26+ Years <input type="checkbox"/> Under Construction <input type="checkbox"/> Unknown | | | |
| | Fronting On: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | |
| | *Waterfront: <input type="checkbox"/> Yes <input type="checkbox"/> No Waterfront Name: _____ (50) | | | |
| *Lot Frontage: _____ (###.#) | | Lot Depth: _____ (40) | | |
| Sign: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Lockbox: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Possession: _____ (30) | | Assessment \$: _____ (###.###) | | |
| *Annual Taxes: _____ (###.###) | | *Tax Year: _____ (####) | | |
| *Legal Description: _____ _____ (200) | | | | |
| *Directions**Include neighborhood information if applicable: _____ _____ (350) | | | | |
| REALTOR® Remarks: _____ _____ _____ _____ (2000) | | | | |
| *Public Remarks: _____ _____ _____ _____ (2000) | | | | |
| EXP/INC | Annual Water/Sewer Exp: _____ (##.##) | | Annual Insurance Exp: _____ (##.##) | Annual Heating Exp: _____ (##.##) |
| | Annual Hydro Exp: _____ (##.##) | | Annual Other Exp: _____ (##.##) | Annual Total Exp: _____ (##.##) |
| | Gross Income: _____ (##.##) | | Net Operating Income: _____ (##.##) | |
| | Rental Equip Cost/Per: _____ (500) | | | |

INITIALS OF BROKERAGE



INITIALS OF SELLER(S)



**(2) Class
MF**

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| | | | | | | | |
|-----------------------|---|--|--|--|---|--|------------------------------------|
| GENERAL INFORMATION | A. HEATING SOURCE: | <input type="checkbox"/> Electric | <input type="checkbox"/> Geothermal | <input type="checkbox"/> Hot Water | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Oil | <input type="checkbox"/> Pellet |
| | | <input type="checkbox"/> Propane Gas | <input type="checkbox"/> Solar | <input type="checkbox"/> Wood | <input type="checkbox"/> None | | |
| | B. HEATING TYPE: | <input type="checkbox"/> Baseboard | <input type="checkbox"/> Boiler | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Forced Air | <input type="checkbox"/> Gravity | <input type="checkbox"/> Heat Pump |
| | | <input type="checkbox"/> HVAC Unit | <input type="checkbox"/> Outside Furnace | <input type="checkbox"/> Radiant | <input type="checkbox"/> Space Heater | <input type="checkbox"/> Woodstove | |
| | C. FIREPLACE TYPE: | <input type="checkbox"/> Electric | <input type="checkbox"/> Gas | <input type="checkbox"/> Insert | <input type="checkbox"/> Propane | <input type="checkbox"/> Roughed In | <input type="checkbox"/> Wood |
| | D. STOVE TYPE: | <input type="checkbox"/> Airtight | <input type="checkbox"/> Gas | <input type="checkbox"/> Oil | <input type="checkbox"/> Pellet | <input type="checkbox"/> Propane | <input type="checkbox"/> Wood |
| | E. ACCESS: | <input type="checkbox"/> Landlocked | <input type="checkbox"/> Right of Way | <input type="checkbox"/> Municipal Road | <input type="checkbox"/> Other | <input type="checkbox"/> Private | <input type="checkbox"/> Seasonal |
| | | <input type="checkbox"/> Water | | | | | |
| | F. SERVICES AVAILABLE: | <input type="checkbox"/> Bus Service | <input type="checkbox"/> Cable | <input type="checkbox"/> Garbage Pick-up | <input type="checkbox"/> High Speed Internet | <input type="checkbox"/> Hydro | |
| | | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Prvt Garbage Disposal | <input type="checkbox"/> Street Lights | <input type="checkbox"/> Telephone | | |
| | G. WATER/WELL: | <input type="checkbox"/> Artesian Well | <input type="checkbox"/> Cistern Well | <input type="checkbox"/> Community Well | <input type="checkbox"/> Drilled Well | <input type="checkbox"/> Dug Well | |
| | | <input type="checkbox"/> Lake/River Intake | <input type="checkbox"/> Municipal Water | <input type="checkbox"/> Sandpoint Well | <input type="checkbox"/> None | | |
| | H. SEWER/SEPTIC: | <input type="checkbox"/> Greywater System | <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Septic | <input type="checkbox"/> Sewer | | |
| | I. BASEMENT: | <input type="checkbox"/> Crawl | <input type="checkbox"/> Dugout | <input type="checkbox"/> Full Basement | <input type="checkbox"/> None | <input type="checkbox"/> Partial | |
| | | <input type="checkbox"/> Slab or Corefloor | | | | | |
| | J. FOUNDATION: | <input type="checkbox"/> Block | <input type="checkbox"/> Posts | <input type="checkbox"/> Poured Concrete | <input type="checkbox"/> Stone | <input type="checkbox"/> Styrofoam Block | <input type="checkbox"/> Wood |
| | K. EXTERIOR FINISH: | <input type="checkbox"/> Aluminum Siding | <input type="checkbox"/> Asbestos Siding | <input type="checkbox"/> Brick | <input type="checkbox"/> Brick Insulated-Insulbrick | <input type="checkbox"/> Cedar | |
| | <input type="checkbox"/> Concrete Block | <input type="checkbox"/> Hardboard | <input type="checkbox"/> Log | <input type="checkbox"/> Metal | <input type="checkbox"/> Siding | <input type="checkbox"/> Stone | |
| | <input type="checkbox"/> Stucco | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Wood | <input type="checkbox"/> Other | | | |
| L. ROOF TYPE: | <input type="checkbox"/> Asphalt | <input type="checkbox"/> Cedar | <input type="checkbox"/> Flat | <input type="checkbox"/> Membrane | <input type="checkbox"/> Metal | <input type="checkbox"/> Pitch | |
| | <input type="checkbox"/> Shingle | <input type="checkbox"/> Tile | <input type="checkbox"/> Tar/Gravel | <input type="checkbox"/> Wood | <input type="checkbox"/> Other | | |
| Roof Age: | <input type="checkbox"/> 1-5 Years | <input type="checkbox"/> 5-10 Years | <input type="checkbox"/> 10+ Years | <input type="checkbox"/> New | | | |
| N. DRIVEWAY DETAILS: | <input type="checkbox"/> Asphalt | <input type="checkbox"/> Bricks | <input type="checkbox"/> Common | <input type="checkbox"/> Concrete | <input type="checkbox"/> Detached | | |
| | <input type="checkbox"/> Gravel | <input type="checkbox"/> Mutual | <input type="checkbox"/> None | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Parking Structure | | |
| | <input type="checkbox"/> Rear | <input type="checkbox"/> Side by Side | <input type="checkbox"/> Stamped Concrete | <input type="checkbox"/> Truck Yard | <input type="checkbox"/> Underground | | |
| | <input type="checkbox"/> See Remarks | | | | | | |
| O. PROPERTY FEATURES: | <input type="checkbox"/> Air Cleaner | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Air Exchanger | <input type="checkbox"/> Appliances Built-In | <input type="checkbox"/> Balcony | | |
| | <input type="checkbox"/> Central Air | <input type="checkbox"/> Central Vacuum | <input type="checkbox"/> Elevator | <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> Fire Sprinkler | | |
| | <input type="checkbox"/> Laundry Facility | <input type="checkbox"/> Lawn Sprinkler System | <input type="checkbox"/> Patio | <input type="checkbox"/> Sauna & Heater | <input type="checkbox"/> Security System | | |
| | <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Wheelchair Access | <input type="checkbox"/> Wood Deck | <input type="checkbox"/> Workshop/Storage Room | | | |

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Fixtures Excluded: _____ (300)

 Chattels Included: _____ (300)

Total SqFt: _____ (###.##)
 # Parking Spaces: _____ (#) # Stories: _____ (#) # Elevators: _____ (#)

| UNIT # | LEVEL | OCCUPIED (LU) | RENT \$ (#) | BDRMS (#) | HYDRO (LU) | HEAT (LU) | DATE DUE (10) | TERM (10) | DEPOSIT Y/N | LAST MO'S RENT (#) |
|--------|-------|---------------|-------------|-----------|------------|-----------|---------------|-----------|-------------|--------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

| | | | | |
|--------------------------------|-----------------|-------------------|------------------|----------------|
| LEVEL | OCCUPIED | PLUS HYDRO | PLUS HEAT | DEPOSIT |
| MFLR Main Floor 5LVL 5th Floor | TEN Tenant | YES Yes | YES Yes | YES Yes |
| 2LVL 2nd Floor 6LVL 6th Floor | VAC Vacant | NO No | NO No | NO No |
| 3LVL 3rd Floor BLVL Basement | OWN Owner | | | |
| 4LVL 4th Floor | | | | |

***Listing Office 1:** _____
***Listing Agent 1A:** _____
 Listing Office 1: _____
 Listing Agent 1B: _____
 Listing Office 2: _____
 Listing Agent 2: _____
***S. B. Commission:** _____ (25)

DATES *List Date: ____/____/____ MM/DD/YYYY *Expiry Date: ____/____/____ MM/DD/YYYY
 Holdover Period: _____ (10) Do Not Contact: Yes No

The foregoing representations respecting the said property are true to the best of my knowledge, information and belief, and I/we agree to indemnify and save you or any Brokerage or Co-operating Brokerage from any claims arising from you, or such Brokerage or Co-operating Brokerage, acting in good faith, upon the representations of fact which I/we have made in this agreement.

Signature of Seller _____ Date _____
 Signature of Seller _____ Date _____
 Signature of Seller _____ Date _____
 Signature of Seller _____ Date _____