

**New Multifamily Required Fields for MMLS Users**

**Property Address:** \_\_\_\_\_

**City State Zip Code**

**Agent Name:** \_\_\_\_\_ **Date Listed:** \_\_\_\_\_ **Listing Number:** \_\_\_\_\_

<p>*SID <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, SID Number: _____</p> <p>*Subdivision _____</p> <p>*Basement <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Walk Out Basement <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*HOA <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: HOA *Fee _____ HOA *Fee Term <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p> <hr/> <p>*Non Standard Form <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Agent Has Equity <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*REO (Bank etc owned) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Square Footage Source <input type="checkbox"/> Assessor <input type="checkbox"/> Other <input type="checkbox"/> Plans</p> <p>*Showing Phone Number _____</p>	<p>*# of Parking Spaces _____</p> <p>*Garage Spaces _____</p> <p>*GAR. Garage Type  <input type="checkbox"/> 1. Attached <input type="checkbox"/> 6. Carport  <input type="checkbox"/> 2. Detached <input type="checkbox"/> 7. Off Street Park  <input type="checkbox"/> 3. Built-In <input type="checkbox"/> 8. Heated  <input type="checkbox"/> 4. Tandem <input type="checkbox"/> 9. None  <input type="checkbox"/> 5. Underground</p> <p>*Annual Expense Source  <input type="checkbox"/> Accountant Provided  <input type="checkbox"/> Estimated  <input type="checkbox"/> Limited Info.  <input type="checkbox"/> Not Available  <input type="checkbox"/> Other  <input type="checkbox"/> Owner Provided  <input type="checkbox"/> Pro Forma Available  <input type="checkbox"/> Projected  <input type="checkbox"/> Tax Return</p> <p>*FD. Foundation Details  <input type="checkbox"/> 1. Poured Concrete <input type="checkbox"/> 5. Tile  <input type="checkbox"/> 2. Slab <input type="checkbox"/> 6. Brick/Mortar  <input type="checkbox"/> 3. Concrete Block <input type="checkbox"/> 7. Other  <input type="checkbox"/> 4. Stone <input type="checkbox"/> 8. None</p>
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<b>*# Bedrooms Per Unit (Conforming)</b>										
<b>Only required if # of Units is populated</b>	U1BR	U2BR	U3BR	U4BR	U5BR	U6BR	U7BR	U8BR	U9BR	U10BR