CAPITAL AREA MLS

Residential Rental Profile Sheet

LIST AGENT NAME : _____++

LIST DATE#: _____(10) **EXPIRATION DATE:** _____(10)

LEASE PRICE : $_____(8) **DEPOSIT AMOUNT#: $**_____(10) **PHOTO*:** _____*

STREET NUMBER#: _____ **Direction*:** _____ **STREET NAME:** _____

CITY*:_____ **STATE*:** ____ **ZIP CODE#:** _____ **TRACT*:**_____

COUNTY*:_____ **Unit #:** _____

PROPERTY DESCRIPTION*:_____ **SCHOOL*:** _____

BEDROOMS#:_____ **FULL BATHS#:** _____ **Half Baths#:** _____

LEASE TYPE*: _____ **REFERAL FEE:** _____(Y/N) **CREDIT CHECK:** _____(Y/N) **SECTION 8:** _____(Y/N)

BROKER OWNED: ____(Y/N) **PET POLICY:** _____(Y/N) **INTERNET:** _____(Y/N)

Laundry*: _____ **Parking*:** _____ **SHOWING*:**_____

Marketing Remarks: (Maximum 500 Characters) _____

Confidential Remarks: (Maximum 400 Characters) _____

Owner's Signature Date

Agent's Signature Date

Owner's Signature Date

Broker's Signature Date