

# PROPERTY DESCRIPTION SHEET FOR RENTAL

XLR-A

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of REALTORS® (PAR)

## 1 PROPERTY INFORMATION

2  
3 Owner \_\_\_\_\_  
4 Property Address \_\_\_\_\_  
5  Office  House  Apartment  Store  \_\_\_\_\_  
6 Occupant \_\_\_\_\_  
7 Monthly Rent \$ \_\_\_\_\_, Rent collected by  Owner/landlord  Broker  
8 Term \_\_\_\_\_  
9 Security Deposit \$ \_\_\_\_\_, held by  Owner/landlord  Broker  
10 Owner Telephone \_\_\_\_\_ Occupant Telephone \_\_\_\_\_  
11 Type/Style/Construction/Exterior Surfaces \_\_\_\_\_  
12 \_\_\_\_\_  
13 Age of Building \_\_\_\_\_  Known  Approximate  
14 Lot Size \_\_\_\_\_ Zoning \_\_\_\_\_  
15

## 16 FLOOR PLAN

17 Basement/Ground Level \_\_\_\_\_  
18 First Level \_\_\_\_\_  
19 Second Level \_\_\_\_\_  
20 Third Level \_\_\_\_\_  
21 Garage \_\_\_\_\_  
22

## 23 FEATURES (Check all that apply)

24 FLOORING  
25  Hardwood \_\_\_\_\_  Carpeting \_\_\_\_\_  
26  \_\_\_\_\_  \_\_\_\_\_  
27

## 28 KITCHEN

29  Refrigerator \_\_\_\_\_  Dishwasher \_\_\_\_\_  
30  Garbage Disposal \_\_\_\_\_  Trash Compactor \_\_\_\_\_  
31  Range/Oven and Fuel \_\_\_\_\_  Microwave \_\_\_\_\_  
32  \_\_\_\_\_  \_\_\_\_\_  
33

## 34 LAUNDRY

35  Facilities Hook Up \_\_\_\_\_  Clothes Washer \_\_\_\_\_  
36  Clothes Dryer \_\_\_\_\_  Tub \_\_\_\_\_  
37  \_\_\_\_\_  \_\_\_\_\_  
38

## 39 OTHER FEATURES

40  Storm Door(s) \_\_\_\_\_  Storm Window(s) \_\_\_\_\_  
41  Blinds \_\_\_\_\_  Insulation Glass/Windows \_\_\_\_\_  
42  Smoke Detector(s) \_\_\_\_\_  Chandelier(s) \_\_\_\_\_  
43  Window Treatment and Hardware \_\_\_\_\_  \_\_\_\_\_  
44  Insulation \_\_\_\_\_  \_\_\_\_\_  
45

## 46 PLUMBING

47  Sump Pump \_\_\_\_\_  Water Conditioner \_\_\_\_\_  
48  \_\_\_\_\_  \_\_\_\_\_  
49

## 50 HEATING AND COOLING

51  Heat Type \_\_\_\_\_  Fireplace, Wood/Coal Stove \_\_\_\_\_  
52  Central Air Conditioning \_\_\_\_\_  Air Conditioning Units \_\_\_\_\_  
53  Domestic Hot Water Heater Fuel \_\_\_\_\_  \_\_\_\_\_

54 Owner Initials: \_\_\_\_\_

XLR-A Page 1 of 2

55 ELECTRIC

- 56  TV Antenna \_\_\_\_\_
- 57  Available \_\_\_\_\_
- 58  Security System \_\_\_\_\_
- 59  Service \_\_\_\_\_ AMP
- 60  \_\_\_\_\_

- Cable TV \_\_\_\_\_
- Jacks \_\_\_\_\_
- Garage Openers \_\_\_\_\_
- 220 Volt \_\_\_\_\_
- \_\_\_\_\_

62 EXTERIOR

- 63  Porch \_\_\_\_\_
- 64  Deck \_\_\_\_\_
- 65  Landscaping \_\_\_\_\_
- 66  Outbuilding(s) \_\_\_\_\_
- 67  \_\_\_\_\_

- Patio \_\_\_\_\_
- Fencing \_\_\_\_\_
- Garage(s) \_\_\_\_\_
- Pool \_\_\_\_\_
- \_\_\_\_\_

69 LAND IMPROVEMENTS AND SERVICES

- |    |                  |                              |                             |        |                                 |   |   |
|----|------------------|------------------------------|-----------------------------|--------|---------------------------------|---|---|
| 70 | Water            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes | <input type="checkbox"/> Public | <input type="checkbox"/> Community Well _____ | <input type="checkbox"/> Private Well _____ |
| 71 | Sewer            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes | <input type="checkbox"/> Public | <input type="checkbox"/> On site (type) _____ |   |
| 72 | Trash Collection | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes | <input type="checkbox"/> Public | <input type="checkbox"/> Private _____        | <input type="checkbox"/> Other _____        |
| 73 | Recycling        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes | <input type="checkbox"/> Public | <input type="checkbox"/> Private _____        | <input type="checkbox"/> Other _____        |
| 74 | Streets          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes | <input type="checkbox"/> Public | <input type="checkbox"/> Common _____         | <input type="checkbox"/> Private _____      |
| 75 | Driveways        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes | <input type="checkbox"/> Public | <input type="checkbox"/> Common _____         | <input type="checkbox"/> Private _____      |
| 76 | Sidewalks        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes | <input type="checkbox"/> Public | <input type="checkbox"/> Private _____        |   |
| 77 | Alleys           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes | <input type="checkbox"/> Public | <input type="checkbox"/> Private _____        |   |
| 78 | Other _____      |                              |                             |        |                                 |   |   |

80 UTILITIES AND SERVICES

- | 81 | Landlord                 | Tenant   | Landlord                 | Tenant   |
|----|--------------------------|--|--------------------------|--|
| 82 | pays                     | pays   | pays                     | pays   |
| 83 | <input type="checkbox"/> | <input type="checkbox"/> Cold Water                  | <input type="checkbox"/> | <input type="checkbox"/> Sewage Costs and Maintenance  |
| 84 | <input type="checkbox"/> | <input type="checkbox"/> Hot Water                   | <input type="checkbox"/> | <input type="checkbox"/> Water Cost over Yearly Charge |
| 85 | <input type="checkbox"/> | <input type="checkbox"/> Natural Gas                 | <input type="checkbox"/> | <input type="checkbox"/> Lawn and Shrubbery Care       |
| 86 | <input type="checkbox"/> | <input type="checkbox"/> Heat                        | <input type="checkbox"/> | <input type="checkbox"/> Snow Removal                  |
| 87 | <input type="checkbox"/> | <input type="checkbox"/> Heater Maintenance Contract | <input type="checkbox"/> | <input type="checkbox"/> _____                         |
| 88 | <input type="checkbox"/> | <input type="checkbox"/> Electricity                 | <input type="checkbox"/> | <input type="checkbox"/> _____                         |
| 89 | <input type="checkbox"/> | <input type="checkbox"/> Trash Removal               | <input type="checkbox"/> | <input type="checkbox"/> _____                         |

91 PETS

- 92  Permitted, with additional fee of \$ \_\_\_\_\_  per month  flat fee
- 93  Permitted, without additional fee
- 94 If permitted, restrictions on pets are: \_\_\_\_\_
- 95  Not permitted

97 ADDITIONAL COMMENTS AND REMARKS

98 \_\_\_\_\_

99 \_\_\_\_\_

100 \_\_\_\_\_

101 \_\_\_\_\_

102 \_\_\_\_\_

103 \_\_\_\_\_

104 \_\_\_\_\_

105 OWNER \_\_\_\_\_ DATE \_\_\_\_\_

106 OWNER \_\_\_\_\_ DATE \_\_\_\_\_

107 OWNER \_\_\_\_\_ DATE \_\_\_\_\_

108 BROKER (COMPANY NAME) \_\_\_\_\_

109 ACCEPTED BY (SIGNATURE) \_\_\_\_\_ DATE \_\_\_\_\_