

## **INFORMATION FOR MAKING AN OFFER (OPTIONAL)**

*This form does not constitute a disclosure or offer and SHALL NOT become part of any Residential Sales Contract. This information is provided for the sole purpose of assisting Cooperating agent(s) in preparing offers. Seller makes no representations or warranties regarding the accuracy of the information contained in this Information Sheet.*

### **SELLER'S INFORMATION**

Seller Name(s): \_\_\_\_\_

Preferred Delivery:  Mailing Address OR  Fax OR  Email (check all that apply): \_\_\_\_\_

FIRPTA: Seller  IS OR  IS NOT a "Foreign Person," as defined by the Foreign Investment in Real Property Tax Act (FIRPTA).

1031 Exchange – Seller is selling Property as part of a 1031 Exchange:  Yes OR  No

Real Estate Licensed/Related Parties:  Seller is  an active OR  inactive licensed real estate agent in  Virginia and/or  Other \_\_\_\_\_.  Listing Broker/Agent is related to Seller.

### **PROPERTY INFORMATION**

Tax Map/ID # \_\_\_\_\_ Legal Description: Lot(s) \_\_\_\_\_

Section \_\_\_\_\_ Subdivision or Condominium \_\_\_\_\_

Parking Space(s) # \_\_\_\_\_ County/Municipality \_\_\_\_\_

Deed Book/Liber # \_\_\_\_\_ Page/Folio # \_\_\_\_\_

Street Address \_\_\_\_\_

Unit # \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Mailbox Number: \_\_\_\_\_

Storage Unit Number(s): \_\_\_\_\_

Property Subject to:

Condominium Association  Cooperative Association  Property Owners Association

Association Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Management Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Lead-Based Paint: Residential dwellings at Property  were OR  were not constructed before 1978.

Other: \_\_\_\_\_

### **UTILITIES INFORMATION**

Water Supply:  Public  Private Well  Community Well

Hot Water:  Oil  Gas  Elec.  Other: \_\_\_\_\_

Air Conditioning:  Oil  Gas  Elec.  Heat Pump  Other \_\_\_\_\_  Zones \_\_\_\_\_

Heating:  Oil  Gas  Elec.  Heat Pump  Other \_\_\_\_\_  Zones \_\_\_\_\_

Sewage Disposal:  Public  Septic for # BR \_\_\_\_  Community Septic  Alternative Septic for # BR: \_\_\_\_

Other: \_\_\_\_\_

(If applicable) Association Fee Includes Following Utilities: \_\_\_\_\_

Utility Companies/Name:

Electric: \_\_\_\_\_ Gas/Oil: \_\_\_\_\_

Water: \_\_\_\_\_ Trash: \_\_\_\_\_ Pick-up Day(s): \_\_\_\_\_

**CONVEYANCES**

<u>Yes # Items</u>	<u>Yes # Items</u>	<u>Yes # Items</u>
<input type="checkbox"/> ___ Alarm System	<input type="checkbox"/> ___ Freezer	<input type="checkbox"/> ___ Satellite Dish
<input type="checkbox"/> ___ Built-in Microwave	<input type="checkbox"/> ___ Furnace Humidifier	<input type="checkbox"/> ___ Storage Shed
<input type="checkbox"/> ___ Ceiling Fan	<input type="checkbox"/> ___ Garage Opener	<input type="checkbox"/> ___ Stove or Range
<input type="checkbox"/> ___ Central Vacuum	<input type="checkbox"/> ___ w/ remote	<input type="checkbox"/> ___ Trash Compactor
<input type="checkbox"/> ___ Clothes Dryer	<input type="checkbox"/> ___ Gas Logs	<input type="checkbox"/> ___ Wall Oven
<input type="checkbox"/> ___ Clothes Washer	<input type="checkbox"/> ___ Hot Tub, Equip & Cover	<input type="checkbox"/> ___ Water Treatment System
<input type="checkbox"/> ___ Cooktop	<input type="checkbox"/> ___ Intercom	<input type="checkbox"/> ___ Window A/C Unit
<input type="checkbox"/> ___ Dishwasher	<input type="checkbox"/> ___ Playground Equipment	<input type="checkbox"/> ___ Window Fan
<input type="checkbox"/> ___ Disposer	<input type="checkbox"/> ___ Pool, Equip, & Cover	<input type="checkbox"/> ___ Window Treatments
<input type="checkbox"/> ___ Electronic Air Filter	<input type="checkbox"/> ___ Refrigerator	<input type="checkbox"/> ___ Wood Stove
<input type="checkbox"/> ___ Fireplace Screen/Door	<input type="checkbox"/> ___ w/ ice maker	

OTHER CONVEYANCES \_\_\_\_\_

DOES NOT CONVEY \_\_\_\_\_

Fuel Tanks: Leased #: \_\_\_\_\_ Owned #: \_\_\_\_\_

Leased Items: \_\_\_\_\_

**LISTING BROKER INFORMATION**

Listing Brokerage's Name and Address: \_\_\_\_\_

Brokerage Phone #: \_\_\_\_\_ Bright MLS Broker Code: \_\_\_\_\_

VA Firm License #: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Agent Email: \_\_\_\_\_ Agent Phone #: \_\_\_\_\_

MLS Agent ID #: \_\_\_\_\_ VA Agent License #: \_\_\_\_\_

Team Name: \_\_\_\_\_ Team Business Entity License #: \_\_\_\_\_

**OTHER INFORMATION**

Seller Preferred Settlement Timing: \_\_\_\_\_

Seller Requests Post-Settlement Occupancy:  Yes OR  No \_\_\_\_\_

Other Settlement Preferences/Requests: \_\_\_\_\_

Seller Preferred Septic Inspector (if applicable): \_\_\_\_\_

Seller Requests:  Proof of Funds with Cash Offers  Lender Letter (check all that apply)

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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