

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: _____

Utility Companies/Name:

Electric: _____ Gas/Oil: _____

Water: _____ Trash: _____ Pick-up Day(s): _____

CONVEYANCES

Yes	No	#	Items	Yes	No	#	Items	Yes	No	#	Items
<input type="checkbox"/>	<input type="checkbox"/>	___	Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	___	Freezer	<input type="checkbox"/>	<input type="checkbox"/>	___	Satellite Dish
<input type="checkbox"/>	<input type="checkbox"/>	___	Built-in Microwave	<input type="checkbox"/>	<input type="checkbox"/>	___	Furnace Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	___	Storage Shed
<input type="checkbox"/>	<input type="checkbox"/>	___	Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	___	Garage Opener	<input type="checkbox"/>	<input type="checkbox"/>	___	Stove or Range
<input type="checkbox"/>	<input type="checkbox"/>	___	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	___	w/ remote	<input type="checkbox"/>	<input type="checkbox"/>	___	Trash Compactor
<input type="checkbox"/>	<input type="checkbox"/>	___	Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	___	Gas Logs	<input type="checkbox"/>	<input type="checkbox"/>	___	Wall Oven
<input type="checkbox"/>	<input type="checkbox"/>	___	Clothes Washer	<input type="checkbox"/>	<input type="checkbox"/>	___	Hot Tub, Equip & Cover	<input type="checkbox"/>	<input type="checkbox"/>	___	Water Treatment System
<input type="checkbox"/>	<input type="checkbox"/>	___	Cooktop	<input type="checkbox"/>	<input type="checkbox"/>	___	Intercom	<input type="checkbox"/>	<input type="checkbox"/>	___	Window A/C Unit
<input type="checkbox"/>	<input type="checkbox"/>	___	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	___	Playground Equipment	<input type="checkbox"/>	<input type="checkbox"/>	___	Window Fan
<input type="checkbox"/>	<input type="checkbox"/>	___	Disposer	<input type="checkbox"/>	<input type="checkbox"/>	___	Pool, Equip, & Cover	<input type="checkbox"/>	<input type="checkbox"/>	___	Window Treatments
<input type="checkbox"/>	<input type="checkbox"/>	___	Electronic Air Filter	<input type="checkbox"/>	<input type="checkbox"/>	___	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	___	Wood Stove
<input type="checkbox"/>	<input type="checkbox"/>	___	Fireplace Screen/Door	<input type="checkbox"/>	<input type="checkbox"/>	___	w/ ice maker				

Other: _____

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): _____
 Other: _____



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