

Lake County Association of REALTORS®
ON MAGNIFICENT CLEAR LAKE SINCE 1947



To all Reciprocal participants:
Please complete this form.

Office Name: _____
Office Address: _____ City: _____ Zip Code: _____
Office Phone: _____ Office Fax: _____
Designated Broker: _____ Broker DRE License #: _____
Listing Agent: _____ Listing Agent DRE License #: _____
Agent Cell #: _____ Agent Email: _____

Please select the appropriate listing input form for your listing:

- Residential
- Residential Lease
- Residential Income
- Mobile Home
- Land
- Commercial
- Commercial Lease
- Business Opportunity

Mandatory Lockbox: If a lockbox is present on a Residential or Residential Income property, it must be a Lake County Sentrilock lockbox. More than one lockbox may be used on a property as long as one of them meets this criteria.

Listing Input Fee: \$75.00 payment must be made before listing will be entered in MLS
Lockbox Rental Fee: \$100.00 (\$25 fee +\$75 deposit refunded when lockbox is returned)
Open House Fee: \$10 - First Open House listing FREE

Select payment choice: Check MasterCard Visa
Card Number: _____ - _____ - _____ - _____ Expiration Date: _____/_____
3 Digit V-Code: _____ (found on the back of card) Amount Charged: \$ _____

Thank you for participating in the C.A.R. Master Reciprocal Agreement. By participating in the program, both Listing Broker and Agent agree to abide by the LCAOR MLS Rules. Status changes need to be reported to the MLS in the required timeframes.

Our MLS Rules require that all listings have at least one photograph. Residential, Multi-Family, Mobile Homes and Commercial listings must have a photograph of the exterior of the structure. Land listings must have a photo of the land or an aerial photo with an outline of the lot. You are responsible for supplying a photograph of your listing.

Return completed form to our office attention: Teresa Hoffman-Singh
Email: teresah@lcaor.com, Fax: (707) 263-9310

Signed: _____ Date: _____
Listing Agent

CARETS Commercial Sale Listing Form

Field names with character/selection limits contain the limit number in parenthesis (#). Required fields are listed in **RED** and denoted with an asterisk *

Management Information

Leasing Agent ID _____

Managing Agent ID _____

Owner Contact Name _____

Owner Name _____

Owner Phone _____

Developer _____

Owner User* - YES NO

Investment Property* - YES NO

Anchors/Co-Tenants _____

Location Information

Property Name* _____

Business Park Name _____

Property Type* (select from list)

Office Type (select from list)

- | | |
|---|---|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Multi-Family |
| <input type="checkbox"/> Office | <input type="checkbox"/> Mobile Home Park |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> High Tech-Flex | <input type="checkbox"/> Farm/Ranch |
| <input type="checkbox"/> Land | <input type="checkbox"/> Specialty |

- | | |
|---|---|
| <input type="checkbox"/> Multi-Tenant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Single Tenant | <input type="checkbox"/> Church |
| <input type="checkbox"/> Owner-User | <input type="checkbox"/> Nursing Facility |
| <input type="checkbox"/> Government | <input type="checkbox"/> Master Sale record |
| <input type="checkbox"/> Medical/Dental | |

Market (MKT) Area* _____

County* _____

Building Status* (select from list)

- | |
|---|
| <input type="checkbox"/> Existing |
| <input type="checkbox"/> Proposed |
| <input type="checkbox"/> Under Construction |
| <input type="checkbox"/> Under Renovation |
| <input type="checkbox"/> Demolished |
| <input type="checkbox"/> Land |

Vicinity _____

General Zoning _____

Key (Map/Grid) ____/____ ex. 416/g1

Address Information

Street Number* _____ Street Number2 _____ Street Direction1 _____ Street Name* _____

Street Direction2 _____ City* _____ State* _____ Zip Code* _____ Zip+4 _____

Cross Street _____

Location Description _____

Second Address _____

Road Frontage (ft) _____

Directions _____

Building

Lot Information

Total Lot SF* _____ **Approximation:** **YES** **NO**

Total Acres SF* _____ **Approximation:** **YES** **NO**

Land Use Category * (check one or more)

- Office
- Multi-Family
- Retail
- Mobile Home Park
- Industrial
- Other

Property Website

Marketing Website URL: i.e. <http://www.CARETScommercial.com>

Marketing Website Name: i.e. *CARETS Commercial Real Estate*

Parcel Information

Tax ID #* _____

Parcel Notes: (255 characters max)

Tax ID # 2 _____

Tax ID # 3 _____

Tax ID # 4 _____

Tax ID # 5 _____

Prop Tax: _____

Prop Tax Year: _____

Comments

(500 characters max)

Listing Management

Hold New Listing* YES NO

(If you choose "Yes" to Hold New Listing, your listing will be held in abeyance with a status of "Hold" and will NOT be displayed in CARETS search results. You will still be able to view and edit this listing along with your other active listings. Listings in "Hold" status will NOT go out on Ho Sheets until they are changed to "New" status. If you choose "No" to Hold New Listing, your listing will be immediately available for searches and will have a status of "New".)

Asset Class

Choose Asset Class*

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Office | <input type="checkbox"/> Land/Unimproved |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> High Tech/Flex |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Specialty |

Additional Search Tags

Office

Office: (select one or more)

- Single – Tenant
- Special Use
- Government
- School
- Medical/Dental
- Mixed – Use
- Multi –Tenant
- Nursing Facility
- Live/Work
- Gym/Rec Center
- Adult Family Home
- Church/ Religious Facility
- Condos
- Day Care

Industrial/ Flex

Industrial/ Flex: (select one or more)

- Distribution
- Car Lot
- Industrial/Office
- Manufacturing
- Industrial/Retail
- Mini-Storage
- Warehouse

General Listing Information

Listing Agent 1 ID* _____

Listing Agent 2 ID _____

Listing Agent 3 ID _____

Listing Agent 4 ID _____

Listing Date* _____

Listing Price* _____

Expiration Date* _____

Distressed: **YES** **NO**

Terms: (200 character max)

Sub Lease* **YES** **NO**

Call Listi **YES** **NO**

Instructions (250 character max)

Selling Office Compensation* _____

SOC Exclusions* **YES** **NO**

Commercial Condo

Condo **YES** **NO**

Surveys Available:

Environmental: **YES** **NO**

Boundary: **YES** **NO**

Wetlands: **YES** **NO**

Current Use: _____

Financial Information

Investment Information: (check one)

Proforma Actual Unknown

Investment Property* YES NO

Owner User: YES NO

Gross Income: _____

Vacancy Factor %: _____

Operating Expenses: _____

Net Operation Income: _____

CAP Rate: _____

Documents (Number of Years Available)

Profit/Loss Years: _____

Balance Sheet Years: _____

YTD Operating Statement: YES NO

Financing Available: YES NO

Assumable: YES NO

Detail Listing Information

Min Industrial SF _____ sqft

Max Industrial SF _____ sqft

Min Office SF _____ sqft

Max Office SF _____ sqft

Min Total SF _____ sqft

Max Total SF _____ sqft

Lease Rate Low \$ _____/sqft

Lease Rate High \$ _____/sqft

Heat Source _____

Dividable: c

Easements: YES NO

Covenants: YES NO

Topography _____

Site Dimensions _____

(i.e. 100 X 80 ft)

Land Depth _____ ft

Land Width _____ ft

Utilities: (check one)

Sanitary Sewer

- City
- County
- MUD
- Private
- Yes
- No
- Unknown

Water

- City
- County
- MUD
- Private
- Yes
- No
- Unknown

Electricity

- City
- County
- MUD
- Private
- Yes
- No
- Unknown

Storm Sewer

- City
- County
- MUD
- Private
- Yes
- No
- Unknown

Gas Lines

- City
- County
- MUD
- Private
- Yes
- No
- Unknown

Other Utilities

- City
- County
- MUD
- Private
- Yes
- No
- Unknown

Signage:

- Signage on Building
- Signage Freestanding

Amenities:

Structure on Site: YES NO

Pool Outdoor: YES NO

Pool Indoor: YES NO

Cable: YES NO

Other Amenities _____

Industrial Asset Class Information

Space Information:

Clearance Height Min _____ ft

Clearance Height Max _____ ft

Dock High Door Count _____

Grade Level Door Count _____

Crane Count _____

Utilities:

Gas Available: YES NO Amps _____

Sewer: YES NO Volts _____

Electric Standard: YES NO Phase _____

Electric Heavy: YES NO

Multi-Family Asset Class General Information

Building Information:

Num of Units W/ Patios _____

Num of Units W/ Fireplaces _____

Amenities:

Rec Room: YES NO

Num Dishwashers _____

Common Laundry: YES NO

Multi-Family Asset Class Financial Information

Annual Expense Information

Expense Year _____

Real Estate Taxes _____

+Personal Prop Taxes _____

+Account/Legal _____

+Advertising _____

+Insurance _____

+Electricity _____

+Water/Sewer _____

+Trash _____

+Prof. Mgr _____

+Res. Mgr _____

+Maintenance _____

+Supplies _____

+Other Expenses _____

=Total Expenses _____

Reserves _____

Annual Operating Information

Gross Sch Rents _____

Vacancy \$ / % _____

+Laundry Income _____

+Parking Income _____

+Other Income _____

=Effective Gross _____

-Total Expenses _____

=NOI _____

Multi-Family Asset Class Unit Information

<u># Units</u>	<u>Beds/Baths</u>	<u>Avg Size SQFT</u>	<u>Avg Rent/Month</u>	<u>Rent/SQFT</u>
_____	Studio	_____	_____	_____
_____	1Bed/1Bath	_____	_____	_____
_____	1Bed/2.5Bath	_____	_____	_____
_____	2Bed/1Bath	_____	_____	_____
_____	2Bed/1.5Bath	_____	_____	_____
_____	2Bed/2Bath	_____	_____	_____
_____	3Bed/1Bath	_____	_____	_____
_____	3Bed/1.5Bath	_____	_____	_____
_____	3Bed/2Bath	_____	_____	_____
_____	Other	_____	_____	_____

: 6/23,

Land Asset Class Information

Land Features:

Land Depth _____ ft

Land Width _____ ft

Owner Will Build to Suit: YES NO

Easements: YES NO

Covenants: YES NO

Access:

Curb Cuts: YES NO

Road Frontage 1 _____

Road Frontage 2 _____

Access from _____

Hotel/Motel Asset Class Information

Building

Characteristics:

Avg Rate

Num Units

Rooms

Single _____

Double _____

Economy _____

Suites _____

Other _____

Total _____

Corridors: YES NO

Financial Details:

Financial Year _____

+ Room Revenue _____

+ Food & Bev _____

+ Other Income _____

= Gross Income _____

Operating Information

Room Expenses _____

+ Food/Bev. Exp _____

+ Other Exp _____

= Total Exp _____

Net Operating Inc _____

- Debt Service _____

= Cash Flow _____

Utilities:

Phone System: YES NO Televisions: c

Property Amenities:

Num of Conference Room(s) _____

Farm/Ranch Asset Class Information

Land Information:

Acres Tillable _____

Acres Timber _____

Irrigation _____

Water Rights _____

Acres Fenced _____

Soil Type _____

Flood Plain Data _____

Building Characteristics:

House _____

Barn _____

Mobile Home Park Asset Class Information

Park Characteristics:

Permanent Spaces Rented Available

Single Wide _____

Double Wide _____

Triple Wide _____

RV Spaces _____

Other _____

Selling Prices Includes:

Personal Property YES NO Owned Mobiles YES NO

Amenities:

Leased Laundry Equip. YES NO

Owned Laundry Equip. YES NO

On Bus Line YES NO

Total Units _____

Num Park-Owned Units _____

Form of Ownership:

- Corp
 Partnership
 Sole Proprietor
 Franchise
 Unknown

Num Mortgaged Units _____

Num Free and Clear _____

List Office has Mortgage Info: YES NO

Manager Living Quarters: YES NO

Years Currently Owned _____

/ _____)