

DETAILED SALES/RENTAL LISTING						DATE LISTED		
For use of this form, see AR 210-50; the proponent agency is OACSIM								
HOUSE <input type="checkbox"/> SALE <input type="checkbox"/> RENT	APARTMENT <input type="checkbox"/> SALE <input type="checkbox"/> RENT	TRAILER OR SPACE <input type="checkbox"/> SALE <input type="checkbox"/> RENT	LEASE REQ <input type="checkbox"/> YES <input type="checkbox"/> NO	CHILDREN <input type="checkbox"/> YES <input type="checkbox"/> NO	GROUP/SHARE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PETS <input type="checkbox"/> YES <input type="checkbox"/> NO	APT HOUSE NO. OF UNIT
FURNISHED <input type="checkbox"/> YES <input type="checkbox"/> NO	AGE OF UNIT _____ YRS	DIST FROM INSTALLATION _____ MILES _____ TIME		<input type="checkbox"/> DETACHED <input type="checkbox"/> SEMI DETACHED <input type="checkbox"/> ROW <input type="checkbox"/> ONE STORY <input type="checkbox"/> TWO STORY <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> MULTISTORY		<input type="checkbox"/> BRICK <input type="checkbox"/> FRAME <input type="checkbox"/> SHINGLE <input type="checkbox"/> STONE <input type="checkbox"/> STUCCO		
<input type="checkbox"/> LIVING ROOM <input type="checkbox"/> FIRE PLACE	<input type="checkbox"/> DINING ROOM <input type="checkbox"/> DINING AREA	FAMILY ROOM <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FIRE PLACE		DEN <input type="checkbox"/> YES <input type="checkbox"/> NO	BEDROOM NO. & SIZE		BATH <input type="checkbox"/> 1/2 <input type="checkbox"/> FULL	<input type="checkbox"/> BASEMENT <input type="checkbox"/> REC ROOM <input type="checkbox"/> UTILITY ROOM
KITCHEN <input type="checkbox"/> DISHWASHER <input type="checkbox"/> STOVE <input type="checkbox"/> DISPOSAL <input type="checkbox"/> REFRIG		<input type="checkbox"/> WASHER <input type="checkbox"/> CONNECTION <input type="checkbox"/> DRYER <input type="checkbox"/> CONNECTION		<input type="checkbox"/> GARAGE <input type="checkbox"/> CARPORT <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> OFF STREET PARKING <input type="checkbox"/> YARD <input type="checkbox"/> FENCED		<input type="checkbox"/> PORCH <input type="checkbox"/> POOL <input type="checkbox"/> PATIO <input type="checkbox"/> ACCESS FOR HANDICAPPED		
HEAT <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> ELEC	AIR COND <input type="checkbox"/> CENTRAL <input type="checkbox"/> WINDOW <input type="checkbox"/> EVP CLR	UTILITIES PAID BY <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT	SALE PRICE \$ _____	RENTAL PRICE EFF \$ 1 BR: \$ _____ 2 BR: \$ _____ 3 BR: \$ _____ 4 BR: \$ _____		SECURITY DEPOSIT <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT \$ _____	MILITARY CLAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS						LOAN INFORMATION <input type="checkbox"/> VA INTEREST _____ % <input type="checkbox"/> FHA MO. PAYMENT \$ _____ <input type="checkbox"/> CONV LOAN BAL \$ _____		
NAME OF CONTACT				<input type="checkbox"/> OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> MANAGER		PHONE OFFICE _____ HOME _____		
ADDRESS OF FACILITY <i>(Include subdivision &amp; ZIP Code)</i>				DATE AVAILABLE		LAST CHRRSO AVAILABILITY CHECK		