

Additional Input Form for Streeteasy & OLR

**Pets Allowed** (Y/N)

**Outdoor Space:**   ☐ Courtyard   ☐ Roof Deck

**Features:**

- |  |                                     |  |  |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Concierge     | <input type="checkbox"/> Doorman    | <input type="checkbox"/> Elevator          | <input type="checkbox"/> Laundry in Building |
| <input type="checkbox"/> Live-in-Super | <input type="checkbox"/> Smoke-free | <input type="checkbox"/> Wheelchair Access |  |

**Parking:**

- ☐ Garage Parking                      ☐ Valet Parking

**Storage:**

- |                                    |                                       |                                      |                                       |
|------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bike Room | <input type="checkbox"/> Cold Storage | <input type="checkbox"/> Locker/Cage | <input type="checkbox"/> Package Room |
|------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|

**Shared Spaces:**

- |  |                              |                                     |                                     |
|--|------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Children's Playroom | <input type="checkbox"/> Gym | <input type="checkbox"/> Media Room | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Swimming Pool       |                              |                                     |                                     |

**Exposure:**

- |                                |                                |                               |                               |
|--------------------------------|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> North | <input type="checkbox"/> South | <input type="checkbox"/> East | <input type="checkbox"/> West |
|--------------------------------|--------------------------------|-------------------------------|-------------------------------|

**Light:**

- |                                     |                               |                                   |                                   |
|-------------------------------------|-------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Bright Sun | <input type="checkbox"/> Dark | <input type="checkbox"/> Good Sun | <input type="checkbox"/> Some Sun |
|-------------------------------------|-------------------------------|-----------------------------------|-----------------------------------|

**Outlook:**

- |                               |                                     |                                    |   |
|-------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Obstructed | <input type="checkbox"/> Open View | <input type="checkbox"/> Partially Obstructed |
|-------------------------------|-------------------------------------|------------------------------------|---|