

RENEWAL APPLICATION TRUST/ESCROW ACCOUNT EXAMINATION

REAL PROPERTY ACTIVITIES

- 1. Residential Sales ___ none ___ 1-10 ___ 11-25 ___ 26-50 ___ over 50
- 2. Commercial Sales ___ none ___ 1-5 ___ 6-15 ___ over 15
- 3. Other Sales ___ none ___ 1-10 ___ 11-25 ___ 26-50 ___ over 50
- 4. Exchanges ___ none ___ 1-3 ___ 4-8 ___ over 8

Specify Types _____

PROPERTY MANAGEMENT ACTIVITIES

- 5. Residential # Units ___ none ___ 1-25 ___ 26-50 ___ over 50
 Management # Owners ___ none ___ 1-5 ___ 6-10 ___ over 10
- 6. Residential Leasing # Leases ___ none ___ 1-5 ___ 6-10 ___ over 10
- 7. Commercial # Units ___ none ___ 1-25 ___ 26-50 ___ over 50
 Management # Owners ___ none ___ 1-10 ___ 11-15 ___ over 15
- 8. Commercial Leasing # Leases ___ none ___ 1-25 ___ 26-50 ___ over 50

COMMUNITY ASSOCIATION ACTIVITIES

- 9. Community Association
 Management # Associations ___ none ___ 1-3 ___ 4-10 ___ over 10

G. Your current daytime telephone () _____

SECTION II - ALL BROKERS MUST COMPLETE THIS SECTION.

Yes No

A. ___ ___ Do you or any of the firm's licensed affiliates own rental properties?

B. How do you and the firm's associates who own rental properties handle rents and security deposits for tenants?

Yes No

C. ___ ___ Do you permit any of your licensed affiliates to manage their rental properties outside of the firm and to maintain their own trust/escrow accounts? (If the answer is yes, please list on a separate sheet the names of the banks and the account numbers of the trust/escrow accounts into which they deposit trust funds.)

SECTION III - ALL BROKERS MUST COMPLETE THIS SECTION.

I hereby certify that I have reviewed the records on which this form is based and that statements made herein are true and complete to the best of my knowledge on this date.

Broker's Signature		Date	
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