



## OWNER PROPERTY DISCLOSURE

| <b>GENERAL INFORMATION</b>                                |            |                 |  |
|---|------------|-----------------|--|
| Rental Property Address                                   |            |                 |  |
| Owner's Name (First, MI, Last)                            |            |                 |  |
| Nickname  |            |                 |  |
| Home #  |            |                 |  |
| Business #  |            | Extension       |  |
| Email address   |            |                 |  |
| Mobile #  |            | Pager #         |  |
| Address   |            |                 |  |
| City  |            |                 |  |
| State   |            | Zip code        |  |
| Name of spouse/co-owner                                   |            | Spouse nickname |  |
| Is spouse a co-owner?                                     | (yes) (no) |                 |  |
| Spouse/co-owner work #                                    |            | Extension       |  |
| Spouse/co-owner Mobile #                                  |            |                 |  |
| Spouse/co-owner email                                     |            |                 |  |
| Emergency name  |            |                 |  |
| Emergency contact numbers                                 |            |                 |  |
| Emergency relationship (example, son)                     |            |                 |  |
| <b>HOME OWNER ASSOCIATION INFORMATION (HOA)</b>           |            |                 |  |
| HOA name  |            |                 |  |
| HOA address   |            |                 |  |
| HOA phone number  |            |                 |  |
| HOA Contact person  |            |                 |  |
| <b>INSURANCE (please attach a copy of your insurance)</b> |            |                 |  |
| Property Insurance company                                |            |                 |  |
| Insurance policy number                                   |            |                 |  |
| Insurance agent name                                      |            |                 |  |
| Insurance agent's telephone                               |            |                 |  |

**Owner Property Disclosure, continued**

| PROPERTY DETAILS   |   |  |            |                  |
|--|---|--|------------|------------------|
| Is there a security System (Yes) (No)                              |   |  |            |                  |
| Name of security company   |   |  |            |                  |
| Code to turn off system  |   |  |            |                  |
| Security alarm instructions  |   |  |            |                  |
| Is there a home warranty (Yes) (No) please attach copy of warranty |   |  |            |                  |
| Warranty company   |   |  |            |                  |
| Warranty company telephone   |   |  |            |                  |
| Warranty contact name  |   |  |            |                  |
| Is there a basement?   | (Yes) (No)  | If yes, is it finished?  | (Yes) (No) |                  |
| Has basement ever flooded?   | (Yes) (No)  | Please explain   |            |                  |
| Has basement ever had mold?  | (Yes) (No)  | Please explain   |            |                  |
| List other basement problems                                       |   |  |            |                  |
| Is there a sump pump?  | (Yes) (No)  | Is there an attic fan or smart vent?                           | (Yes) (No) |                  |
| What type of parking   | <input type="checkbox"/> garage <input type="checkbox"/> carport <input type="checkbox"/> street parking <input type="checkbox"/> other |  |            |                  |
|  | # of parking spaces   | Parking unit #   |            |                  |
| Is there a storage unit?   | (Yes) (No)  | Location   |            |                  |
| Is there a garage door opener                                      | (Yes) (No)  | # of openers   |            |                  |
| Location of mailbox  |   |  |            |                  |
| Mailbox information  | <input type="checkbox"/> Keyed <input type="checkbox"/> Combination <input type="checkbox"/> Other                                      |  |            |                  |
| Location of breaker box  |   |  |            |                  |
| Location of main water shutoff                                     |   |  |            |                  |
| Location of sprinkler shutoff                                      |   |  |            |                  |
| Is there attic access?   | (Yes) (No)  | Is their crawl space access?                                   | (Yes) (No) |                  |
|  |   |  |            |                  |
| Location of water heater   |   |  |            | Water heater age |
| Type of heating unit   |   |  |            | Age of heater    |
| Last heating unit service  |   |  |            |                  |
| Air-conditioning (Yes) (No)  | Type  | <input type="checkbox"/> wall <input type="checkbox"/> central | A/C age    |                  |
| Last A/C service   |   |  |            |                  |
| Evaporative cooling unit   | (Yes) (No)  |  |            |                  |
| Last cooling unit service  |   |  |            |                  |
| Is there a water softener  | (Yes) (No)  |  |            |                  |
| Type of TV connection  | Cable   | (Yes) (No)   | Satellite  | Dish (Yes) (No)  |
| Are additional TV connections at tenant's expense?                 | (Yes) (No)  | Instructions   |            |                  |



**Owner Property Disclosure, continued**

|   |   |                                    |  |
|---|---|------------------------------------|--|
| What is the type of roofing                     | <input type="checkbox"/> comp <input type="checkbox"/> shingle <input type="checkbox"/> other _____ |                                    |  |
| What is the age of the roof?                    | ___ years   |                                    |  |
| Are there any roof problems?                    | (Yes) (No)  |                                    |  |
| If roof problems, please explain                |   |                                    |  |
| What is the gutter condition?                   |   |                                    |  |
| What is the water source?                       | <input type="checkbox"/> city <input type="checkbox"/> septic                                       |                                    |  |
| If any water problems, explain                  |   |                                    |  |
| Who is the water company?                       |   | Phone number                       |  |
| Who pays the water service?                     | <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> HOA         |                                    |  |
| Who is the garbage company?                     |   | Phone number                       |  |
| Who pays the garbage service?                   | <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> HOA         | Trash pick up day                  |  |
| Have there been any mold issues in the property | (Yes) (No) If yes, please list below  |                                    |  |
|   |   |                                    |  |
| Are there working smoke alarms                  | (Yes) (No)  | If so, how many and what locations |  |
|   |   |                                    |  |
| Are there CO detectors                          | (Yes) (No)  | If so, how many and what locations |  |
|   |   |                                    |  |
| Is there an irrigation system?                  | (Yes) (No)  | What type:                         |  |
| Age of irrigation system                        |   |                                    |  |
| Irrigation system instructions                  |   |                                    |  |
| Is there a monthly gardening service?           | (Yes) (No) <input type="checkbox"/> provided by owner <input type="checkbox"/> provided by HOA      |                                    |  |
| Will you supply gardening service?              | (Yes) (No)  |                                    |  |
| List special gardening services you will supply |   |                                    |  |
| Is there a swimming pool?                       | (Yes) (No)  |                                    |  |
| Swimming pool service company                   |   | Pool service telephone             |  |
| Do you have a hot tub?                          | (Yes) (No) Is there a hot tub service (Yes) (No) If so, list information below                      |                                    |  |
|   |   |                                    |  |
| Are there any plumbing issues?                  | (Yes) (No) If yes, please list below  |                                    |  |
|   |   |                                    |  |
|   |   |                                    |  |



**Owner Property Disclosure, continued**

| <b>Additional Information</b>   |                                      |
|---|--------------------------------------|
| Have you ever experienced drug problems in the property?                        | (Yes) (No) If no, explain            |
|   |                                      |
| Have you ever had a meth lab?   | (Yes) (No) If no, explain            |
|   |                                      |
| Have you ever had lead-based paintwork?   | (Yes) (No) If no, explain            |
|   |                                      |
| Have you ever had asbestos work done?   | (Yes) (No) If no, explain            |
|   |                                      |
| Are windows and door operating properly   | (Yes) (No) If no, explain            |
|   |                                      |
| Do doors have deadbolts?  | (Yes) (No)                           |
| Are there any cracked windows or glass doors?                                   | (Yes) (No) If no, explain            |
|   |                                      |
| Is the property clean?  | (Yes) (No) If yes, please list below |
|   |                                      |
| List any personal property left in the unit, such as lawn mowers, garden tools, |                                      |

| <b>Property Specific Information</b>     |                      |
|--|----------------------|
| Do all doors have the same key?          | (Yes) (No) How many? |
|  | List details if no   |
| Remote controls for garage door opener   | (Yes) (No) How many? |
| Remote controls for ceiling fan          | (Yes) (No) How many? |
| Remote for removable A/C unit            | (Yes) (No) How many? |
| <b>Schools</b>                           |                      |
| Elementary                               |                      |
| Middle                                   |                      |
| High School                              |                      |
| <b>Advertising/Marketing Information</b> |                      |
| Are pets allowed                         | (Yes) (No)           |
| If pets allowed, be specific             |                      |
| Will you permit a sign?                  | (Yes) (No)           |

\_\_\_\_\_

Date

\_\_\_\_\_

Owner Signature