

RENTAL PROPERTY DISCLOSURE

Address: _____ Date: _____

1. STRUCTURAL

A. Basement

1) Are there any cracks, leaks, dampness or bulges in the floor foundation walls?

No ___ Yes ___ Explain _____

2) Basement: Finished ___ Unfinished ___

3) Have you ever had a problem or treatment for rot or mildew?

No ___ Yes ___ Explain _____

4) Has the basement/crawl space ever flooded?

No ___ Yes ___ Explain _____

5) Any other problems you are aware of?

No ___ Yes ___ Explain _____

B. Roof

1) What is the age of the roof? _____

2) What is the condition of the roof? _____

3) Any leaks, gutter back-ups, or any other problems?

No ___ Yes ___ Explain _____

C. Framing

1) Any remodeling or additions that may have changed the original floor plan?

No ___ Yes ___ Explain _____

(If more space needed attach additional pages)

2) If there was any remodeling, etc., was it done with the benefit of a building permit?

No ___ Yes ___ Who did the work? _____

D. Mold: Have you ever experienced or treated the structure, inside or outside, due to mold condition? No___ Yes___ If yes, please explain in detail. Include dates/remedy and testing reports.

(If more space needed attach additional pages)

2. MECHANICAL

A. Electrical

1) What AMP is the service in this property? _____

2) Has the service been adequate? No ___ Yes ___

3) Are there any problem areas?

No ___ Yes ___ Explain _____

4) Any additions to the original installation? No ___ Yes ___

5) If any, was the work done by a licensed contractor with the benefit of a permit?

No ___ Yes ___ Explain _____

B. Plumbing

1) Has the plumbing been adequate? No ___ Yes ___

2) Are there any problem areas? No ___ Yes ___

3) Any additions to the original installation? No ___ Yes ___

If any, was the work done by a licensed contractor with the benefit of a permit?

No ___ Yes ___ Explain _____

C. Heating/Cooling

1) What type of heating/cooling is in the building? _____

2) Heating & air conditioning supplied by: (circle one)

(Central/Forced air system – Wall unit – Window A/C's)

3) Has the service been adequate? No ___ Yes ___

4) Are there any problem areas?

No ___ Yes ___ Explain _____

5) Do you have carbon monoxide detectors within 10ft of all bedroom door openings?

No ___ Yes ___ Explain _____

6) Any additions to the original installation? No ___ Yes ___

If any, was the work done by a licensed contractor with the benefit of a permit?

No ___ Yes ___ Explain _____

7) Does the heating system run on: (circle one)

(Oil/Propane gas - Natural gas - Other: _____)

If oil or propane, are you currently under a delivery contract? No ___ Yes ___

If Yes, Company name _____ Phone number _____

8) Any special operating instructions for heating or cooling systems?

No ___ Yes ___ Explain _____

9) Type & frequency of filter replacement _____

10) Is there a Humidifier or Air to Air Exchanger that requires a maintenance schedule?

No ___ Yes ___ If yes, describe _____

11) Date heating system last serviced _____ (attach receipt)

*Did this include a safety check including Carbon Monoxide test? No ___ Yes ___

12) Do you have smoke & fire detector/alarms in property? No ___ Yes ___

If yes, list locations and indicate whether these are hard wired or battery operated

If battery operated or battery backup please list date of battery replacements _____

D. Fireplaces

Do you have a fireplace? No ___ Yes ___ If yes, is it gas? No ___ Yes ___

If wood burning – has the chimney been cleaned / safety inspected? No ___ Yes ___

(attach receipt)

3. UTILITIES

A. Sewage

City? ___ Private septic? ___ Shared septic? ___

If Shared Septic, who manages? _____

Have you ever had sewer back up? No ___ Yes ___ Explain _____

Last septic tank pump: Date _____ (attach receipt)

B. Water

City? ___ Well? ___ More than one well on property? ___

Is the water pressure adequate? No ___ Yes ___

Recent water tests? No ___ Yes ___ (attach information)

Irrigation System? No ___ Yes ___

**** Home Owner is responsible for winterization and spring start-up of irrigation system****

C. Security

Security system monitored? No ___ Yes ___ N/A ___

Monitoring company name & number _____

Monthly Fee \$ _____ Included in rent's collected? No ___ Yes ___

D. Utility Providers

Gas _____

Electric _____

Cable / Dish _____

Phone / Internet _____

Garbage _____ Pick Up _____

City Services _____

Recycle Schedule _____

4. HOMEOWNERS ASSOCIATION (HOA) or CONDO ASSOCIATION

Do you belong to a governing HOA or Condo Association? No ___ Yes ___ (complete below)

Association Name: _____

Association Contact: _____ Phone: _____

Association Address: _____

Amount Paid: \$ _____ Yearly _____ Monthly _____

Includes: _____

**** Please provide copy of governing Homeowners Association documents****

5. APPLIANCES: Indicate which of the following will be included with the property:

	<u>Y/N</u>	<u>Age:</u>	<u>Comments:</u>
Oven/Range	_____	_____	_____
Refrigerator	_____	_____	_____
Dishwasher	_____	_____	_____
Microwave	_____	_____	_____
Disposal	_____	_____	_____

	<u>Y/N</u>	<u>Age:</u>	<u>Comments:</u>
Washer	_____	_____	_____
Dryer	_____	_____	_____
Window A/C	_____	_____	_____
Central A/C	_____	_____	_____
Furnace	_____	_____	_____
Water Heater	_____	_____	_____
Air to Air Exch	_____	_____	_____
Humidifier	_____	_____	_____
Elec Air Cleaner	_____	_____	_____
Water Softener	_____	_____	_____
Security System	_____	_____	_____
Other	_____	_____	_____

Are you covered by any home/appliance warranty program (ie: Minnegasco Service Plus)?:

Are there any details owner would like to disclose regarding home or outbuilding/s? List

Owners Signature

Date

Owners Signature

Date