

Property Condition Disclosure Form

Seller(s) Name _____

Property Address _____

Purpose of Statement:

This statement of certain conditions and information concerning the property known to the seller. This disclosure statement is not a warranty of any kind by the seller or by any agent representing the seller in this transaction. It is not a substitute for any inspections or tests and the buyer is encouraged to obtain his or her own independent professional inspections and environmental tests and also is encouraged to check public records pertaining to the property.

"Residential real property" means real property improved by a one to four family dwelling used or occupied, or intended to be used or occupied, wholly or partly, as the home or residence of one or more persons, but shall not refer to (a) unimproved real property upon which such swellings are to be constructed or (b) condominium units or cooperative apartments or (c) property on a homeowners' association that is not owned in fee simple by the seller.

Seller's Statement:

The seller makes the following representations to the buyer based upon the seller's actual knowledge at the time of signing this document. The seller authorizes his or her agent, if any, to provide a copy of this statement to a prospective buyer of the residential real property. The following are representations made by the seller and are not the representations of the seller's agent.

YES	NO	NOT KNOWN	N/A
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General Information

1.	How long have you owned the property?	<input type="text"/>			
2.	How long have you occupied the property?	<input type="text"/>			
3.	What is the age of the structure or structures? (Note to buyer – If the structure was built before 1978 you are encouraged to investigate for the presence of lead based paint.)	<input type="text"/>			
4.	Does anybody other than yourself have a lease, easement or any other right to use any part of your property other than those stated in documents available in the public record, such as rights to use a road or path or cut trees or crops?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does anybody else claim to own any part of your property? (If Yes, explain in space provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has anyone denied you access to the property or made a formal legal claim challenging your title to the property? (If Yes, explain in space provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are there any features of the property shared in common with adjoining land owners or a homeowners association, such as walls, fences or driveways? (If yes describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are there any electric or gas utility surcharges for line extensions, special assessments or homeowner or other association fees that apply to the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are there certificates of occupancy related to the property? (If no, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental

10.	Is any or all of the property located in a designated flood plain? (If yes, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is any or all of the property located in a designated wetland? (If yes, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is the property located in an agricultural district? (If yes, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Was the property ever the site of a landfill? (If yes, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Are there or have there ever been fuel storage tanks above or below ground on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they currently in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are they leaking or have they ever leaked? (If yes, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is there asbestos in the structure? (If Yes, state location or locations below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is lead plumbing present? (If Yes, state location or locations below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Has a radon test been done? (If Yes, attach a copy of the report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Has motor fuel, motor oil, home heating fuel, lubrication oil or any other petroleum product, methane gas, any hazardous or toxic substance spilled, leaked or otherwise been released on the property or from the property onto any other property? (If yes, describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Has the property been tested for the presence of motor fuel, motor oil, home heating fuel, lubrication oil, or any other petroleum product, methane gas, or any hazardous or toxic substance? (If Yes, attach report(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Structural

20.	Is there any rot or water damage to the structure or structures? (If yes, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Is there any fire or smoke damage to the structure or structures? (If yes, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Is there any termite, insect, rodent or pest infestation or damage? (If yes, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Has the property been tested for termite, insect rodent or pest infestation or damage? (If yes, please attach report(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	What is the type of roof/roof covering (slate, asphalt, other.)?	<input type="text"/>			
	Any known material defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	How old is the roof?	<input type="text"/>			
	Is there a transferable warrantee on the roof in effect now? (If yes, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Are there any known material defects in any of the following structural systems: footings, beams, girders, lintels, columns or partitions? (If yes, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mechanical Systems & Services

26.	What is the water source (circle all that apply) WELL MUNICIPAL PRIVATE OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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