



PROPERTY CONDITION DISCLOSURE

Please provide the following information about your property.

Desired rent Low: \$ _____ High: \$ _____

Term Monthly 6 Months 12 Months Other: _____

Pets Dog Cat None Limitations: _____

Farm animals Describe: _____

Pet rent: \$ _____ Pet Deposit: \$ _____

Year Built _____

Sq. Footage Main level _____ Basement _____ 2nd Floor _____

Parking Garage Car Port Shared Street

Garage Attached Detached Number of Stalls: _____ Opener Code _____

Laundry Included Hookups Shared Coin-op None

Appliances Stove top Oven Fridge Dishwasher Disposal Microwave

Heating Type Forced Air Baseboard Fireplace Other: _____

Heating Fuel Electric Natural Gas Propane Wood Pellets

Cooling Central A/C Window Evaporative None Other: _____

Fencing Front Yard Back Yard Partial Privacy Chain Link

Sprinkler Automatic Manual None

VENDORS

Enter name(s) of preferred vendors (i.e. landscaper, sprinkler repairs, tree pruning, etc.) If no preference, leave blank:

UTILITIES

Provide the names and contact information for the following:

Electricity: _____ Phone: _____
Gas: _____ Phone: _____
Water: _____ Phone: _____
Telephone: _____ Phone: _____
Cable: _____ Phone: _____
Internet: _____ Phone: _____
Garbage: _____ Phone: _____
Landscaping: _____ Phone: _____
Home Owner Association: _____ Phone: _____

OTHER INFORMATION

Are you aware of any item, equipment, or system in or on the Property that is in need of repair? Yes No

If yes, explain: _____

Note: If Owner fails to disclose information, provides misleading or false information, or fails to maintain the property in accordance with this Agreement, Broker may exercise his right to termination.

There are are not written warranties for the property or appliances? If yes, please attach copies.

Describe any parking restrictions: _____

Describe the location of the mailbox: _____

Provide codes for the garage, alarm system, etc: _____

Describe the location of the following:

Heating and cooling filters: _____

Filter size: _____

Circuit Breakers: _____

Water Shut-off: _____

Gas Shut-off: _____