

## **Property Information Sheet**

| Address of Property  |  |
|--|--|
| Owner's Name   |  |
| Name(s) On Title   |  |
| Subdivision NameModel Name   |  |
| What year was the home built   |  |
| Age of current roofType of Roof:# of layers  |  |
| Age of central airhot water heater   |  |
| Age of furnaceDo you have a humidifier   |  |
| Number of bedroomsfull baths½ baths  |  |
| Which rooms have hardwood floors   |  |
|  |  |
| Do you have a basement   |  |
| If yes, is itfullpartialfinishedunfinished   |  |
| If the basement is finished, what has been done                                    |  |
|  |  |
| If you do not have a basement, do you havea crawlon a slab                         |  |
| What type of exterior do you have  |  |
| Number of amps in your electrical service  |  |
| Number of fireplacesLocation(s)  |  |
| Is it wood burninggas startgas logs  |  |
| Do you have a security systemDo you have a sprinkler system                        |  |
| Do you have city wateror wellcity seweror septic                                   |  |
| Have you had any water in the basement or crawl space since you purchased the home |  |
| If yes, when and where   |  |
|  |  |
|  |  |





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| Do you have a sump pump                   | If yes, do you have a back up        |          |                               |  |
|---|--------------------------------------|----------|-------------------------------|--|
| Do you have a garbage disposal            | Do you have an electronic air filter |          |                               |  |
| Do you have a central vacuum system       |                                      |          |                               |  |
| What type of flooring is in your kitchen_ | mast                                 | er bath  |                               |  |
| hall bath                                 | _1/2 bath                            |          |                               |  |
| Do you have: fenced yarddeck              | shed                                 | patio_   |                               |  |
| Number of ceiling fans and locations      |                                      |          |                               |  |
| Do you have a garage                      | # of carsattac                       | ched     | detached                      |  |
| Where there any major defects detected a  | at the time of your hon              | ne inspe | ction that you have not taken |  |
| What is the Grade School                  |                                      |          |                               |  |
| High School                               |                                      |          |                               |  |
| Is it paidmonthly                         |                                      |          |                               |  |
| What does your association fee cover      |                                      |          |                               |  |
| What is the name of the Management Co     | mpany                                |          |                               |  |
| Management company address                |                                      | phon     | e #                           |  |
| Do you have your by-laws, rules & regula  | tions information                    |          |                               |  |
| Are there any special assessments you are | e aware of                           |          |                               |  |
| Does your association allow pets          | _What type of pets                   |          | _                             |  |
| Are there any size restrictions           |                                      |          |                               |  |



care of:



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| Do you have any floor plansD                 | o you have a property survey        |               |
|--|-------------------------------------|---------------|
| What are your favorite attributes about you  | r home                              |               |
| What have you struggled with or would like   | to change                           |               |
| What recent improvements have you done a     | nd the year completed               |               |
| What is your reason for selling              |                                     |               |
| What is your time frame to be out of your ho | ome                                 |               |
| Is your property currently leased            | If yes, when does lease o           | expire        |
| What is the amount of your last year's taxes |                                     |               |
| Do you have any exemptionsh                  | omeowner'ssenior                    | senior freeze |
| Mortgage Balance 1st Loan                    | Mortgage Balance 2 <sup>nd</sup> lo | an            |
| Any other loans on the property              |                                     |               |
| If yes, amount of the loan                   |                                     |               |
| Signature of Seller Date                     | Signature of Seller                 | Date          |
| -  | -                                   |               |
| Email  | Email                               |               |
| Phone/Cell #                                 | Phone/Cell#                         |               |

