



OWNER'S NOTICE CONCERNING CONDITION OF PROPERTY UNDER PROPERTY MANAGEMENT AGREEMENT

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CONCERNING THE PROPERTY AT _____

OWNER IS TO COMPLETE THIS FORM TO THE BEST OF THE OWNER'S KNOWLEDGE. THIS NOTICE IS NOT A WARRANTY OF ANY KIND.

Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)

| Item | Y | N | U | Additional Information |
|---------------------------------|---|---|---|---|
| Central A/C | | | | <input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> heat pump number of units: _____ |
| Wall/Window AC Units | | | | number of units: _____ |
| Evaporative Coolers | | | | number of units: _____ |
| Central Heat | | | | <input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> heat pump number of units: _____ |
| Other Heat | | | | if yes describe: _____ |
| Fireplace & Chimney | | | | <input type="checkbox"/> woodburning ____ (no.) <input type="checkbox"/> mock ____ (no.) <input type="checkbox"/> other: _____ |
| Gas Logs in Fireplace | | | | |
| Ceiling Fans | | | | number of units: _____ |
| Carport | | | | <input type="checkbox"/> attached <input type="checkbox"/> not attached |
| Garage | | | | <input type="checkbox"/> attached <input type="checkbox"/> not attached |
| Garage Door Openers | | | | number of units: _____ number of remotes: _____ |
| Fences | | | | <input type="checkbox"/> wood <input type="checkbox"/> chain-link <input type="checkbox"/> other: _____ |
| Patio/Decking | | | | describe: _____ |
| Outdoor Grill | | | | location: _____ |
| Hot Tub/Spa | | | | |
| Pool | | | | <input type="checkbox"/> in-ground <input type="checkbox"/> above-ground / heater: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Underground Lawn Sprinkler | | | | <input type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: _____ |
| Septic / On-Site Sewer Facility | | | | if yes, attach Information About On-Site Sewer Facility (TAR-1407) |
| Water Heater | | | | <input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: _____ |
| Water Softener | | | | <input type="checkbox"/> owned <input type="checkbox"/> leased from _____ |
| Washer/Dryer Hookups | | | | dryer hookups are: <input type="checkbox"/> gas <input type="checkbox"/> electric |
| Washer | | | | |
| Dryer | | | | |
| Sauna | | | | |
| Alarm System | | | | <input type="checkbox"/> owned <input type="checkbox"/> leased from: _____ |
| Smoke Detectors | | | | number of units: _____ |
| Kitchen Equipment | | | | <input type="checkbox"/> range-oven combo. <input type="checkbox"/> cooktop <input type="checkbox"/> oven <input type="checkbox"/> microwave <input type="checkbox"/> dishwasher <input type="checkbox"/> disposer <input type="checkbox"/> hood fan <input type="checkbox"/> trash compactor <input type="checkbox"/> refrigerator <input type="checkbox"/> other: _____ |

Section 2. 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 (attach additional sheets if necessary): _____

Note: Unless instructed otherwise, items in the Property will be repaired in accordance with the repair provisions in the lease that the Broker negotiates for the Owner.

Section 3. Are you aware of any of the following?

Y N

Owners' associations or maintenance fees or assessments. If yes, complete the following:
 Name of association: _____
 Manager's name: _____ Phone: _____
 Address: _____
 Describe the common areas or facilities (pool, tennis courts, greenbelts, etc.): _____

 Are there any user fees for the common facilities? yes no If yes, describe: _____

 Name and contact information of any other association to which the Property is subject: _____

- Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.
- Any lawsuits or other legal proceedings directly or indirectly affecting the Property.
- Any condition on the Property which materially affects the health or safety of an individual.

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): _____

Section 4. Other Information.

(1) Water to the Property is supplied by: city MUD WCID co-op well (location: _____)

(2) The type of roof on the Property is: composition shingle wood shingle flat (tar & gravel) metal
 other _____ Approx. Age: _____ years

(3) If the Property is a condominium or townhome, describe parking spaces (numbers, if assigned, location): _____

(4) Describe the location and number of the mailbox: _____

(5) Provide any alarm codes, garage door codes, access codes, gate codes, common facility codes: _____

(6) Describe the location of:
 heating & cooling filters: _____ filter size(s): _____
 electrical breakers: _____
 water shut-off valve: _____ gas shut-off valve: _____

(7) There are are not written warranties in effect for the Property or any appliances. Attach copies.

(8) Provide the names and phone numbers of the current providers to the Property:

| | |
|----------------------|-----------|
| Electricity: _____ | Ph: _____ |
| Gas: _____ | Ph: _____ |
| Water & Sewer: _____ | Ph: _____ |
| Telephone: _____ | Ph: _____ |
| Cable: _____ | Ph: _____ |
| Garbage: _____ | Ph: _____ |
| Pool Service: _____ | Ph: _____ |
| Alarm: _____ | Ph: _____ |
| Landscaping: _____ | Ph: _____ |

| | | | |
|-----------------------------|---------------|-----------------------------|---------------|
| _____ Signature of Owner | _____ Date | _____ Signature of Owner | _____ Date |
|-----------------------------|---------------|-----------------------------|---------------|