



11/6/08

STATE OF OHIO
DEPARTMENT OF COMMERCE

RESIDENTIAL PROPERTY DISCLOSURE FORM

Pursuant to section 5302.30 of the Revised Code and rule 1301:5-6-10 of the Administrative Code.

TO BE COMPLETED BY OWNER (Please Print)

Property Address:

Owners Name(s):

Date: \_\_\_\_\_, 20\_\_\_\_

Owner is is not occupying the property. If owner is occupying the property, since what date: \_\_\_\_\_

Purpose of Disclosure Form: This is a statement of the condition of the property and of information concerning the property actually known by the owner as required by Ohio Revised Code Section 5302.30. Unless otherwise advised in writing by the owner, the owner, other than having lived at or owning the property, possesses no greater knowledge than that which could be obtained by a careful inspection of the property by a potential purchaser. Unless otherwise advised, owner has not conducted any inspection of generally inaccessible areas of the property. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE OWNER OR BY ANY AGENT OR SUBAGENT REPRESENTING THE OWNER OF THE PROPERTY. THIS STATEMENT IS NOT A SUBSTITUTE FOR ANY INSPECTIONS. POTENTIAL PURCHASERS ARE ENCOURAGED TO OBTAIN THEIR OWN PROFESSIONAL INSPECTION.

Owner's Statement: The representations contained on this form are made by the owner and are not the representations of the owner's agent or subagent. This form and the representations contained in it are provided by the owner exclusively to potential purchasers in a transfer made by the owner, and are not made to purchasers in any subsequent transfers. The information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by any other statute or law to be disclosed in the transfer of residential real estate. For example, although some questions are limited to the past five years material problems or defects that occurred over five years ago that have not been fully corrected are required to be disclosed.

Instructions to Owner: (1) Answer ALL questions. (2) Identify any material matters in the property that are actually known. (3) Attach additional pages with your signature if additional space is needed. (4) Complete this form yourself. (5) If some items do not apply to your property, write NA (not applicable). If the item to be disclosed is not within your actual knowledge, indicate Unknown.

THE FOLLOWING STATEMENTS OF THE OWNER ARE BASED ON OWNER'S ACTUAL KNOWLEDGE

A) WATER SUPPLY: The source of water supply to the property is (check appropriate boxes):

- Public Water Service
Private Water Service
Private Well
Shared Well
Holding Tank
Cistern
Spring
Pond
Unknown
Other

Do you know of any current leaks, backups or other material problems with the water supply system or quality of the water?

Yes No If "Yes", please describe: \_\_\_\_\_

Is the quantity of water sufficient for your household use? (NOTE: water usage will vary from household to household) Yes No
If owner knows of any leaks, backups or other material problems with the water supply system or quality or quantity of the water since owning the property (but not longer than the past 5 years), please describe and indicate any repairs completed: \_\_\_\_\_

Owner's Initials \_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_

Purchaser's Initials \_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_

**Property Address** \_\_\_\_\_

**B) SEWER SYSTEM:** The nature of the sanitary sewer system servicing the property is (check appropriate boxes):

- |              |               |                |
|--------------|---------------|----------------|
| Public Sewer | Private Sewer | Septic Tank    |
| Leach Field  | Aeration Tank | Filtration Bed |
| Unknown      | Other _____   |                |

If not a public or private sewer, date of last inspection: \_\_\_\_\_

Do you know of any current leaks, backups or other material problems with the sewer system servicing the property?    Yes    No

If "Yes", please describe: \_\_\_\_\_

If owner knows of any leaks, backups or other material problems with the sewer system since owning the property (but not longer than the past 5 years), please describe and indicate any repairs completed: \_\_\_\_\_

Information on the operation and maintenance of the type of sewage system serving the property is available from the department of health or the board of health of the health district in which the property is located.

**C) ROOF:** Do you know of any current leaks or other material problems with the roof or rain gutters?    Yes    No

If "Yes", please describe: \_\_\_\_\_

If owner knows of any leaks or other material problems with the roof or rain gutters since owning the property (but not longer than the past 5 years), please describe and indicate any repairs completed: \_\_\_\_\_

**D) WATER INTRUSION:** Do you know of any previous or current water leakage, water accumulation, excess moisture or other defects to the property, including but not limited to any area below grade, basement or crawl space?    Yes    No

If "Yes", please describe and indicate any repairs completed: \_\_\_\_\_

Do you know of any water or moisture related damage to floors, walls or ceilings as a result of flooding; moisture seepage; moisture condensation; ice damming; sewer overflow/backup; or leaking pipes, plumbing fixtures, or appliances?    Yes    No

If "Yes", please describe and indicate any repairs completed: \_\_\_\_\_

Purchaser is advised that every home contains mold. Some people are more sensitive to mold than others. If concerned about this issue, purchaser is encouraged to have a mold inspection done by a qualified inspector. Have you ever had the property inspected for mold by a qualified inspector?

Yes    No    If "Yes", please describe and indicate whether you have an inspection report and any remediation undertaken: \_\_\_\_\_

**E) STRUCTURAL COMPONENTS (FOUNDATION, BASEMENT/CRAWL SPACE, FLOORS, INTERIOR AND EXTERIOR WALLS):**

Do you know of any movement, shifting, deterioration, material cracks/settling (other than visible minor cracks or blemishes) or other material problems with the foundation, basement/crawl space, floors, or interior/exterior walls?

Yes    No    If "Yes", please describe: \_\_\_\_\_

If owner knows of any repairs, alterations or modifications to control the cause or effect of any problem identified above, since owning the property (but not longer than the past 5 years), please describe: \_\_\_\_\_

Do you know of any previous or current fire or smoke damage to the property?    Yes    No

If "Yes", please describe and indicate any repairs completed: \_\_\_\_\_

**F) MECHANICAL SYSTEMS:** Do you know of any current problems or defects with the following mechanical systems? If your property does not have the mechanical system, mark N/A (Not Applicable).

- |                             | YES | NO | N/A |                               | YES | NO | N/A |
|-----------------------------|-----|----|-----|-------------------------------|-----|----|-----|
| 1) Electrical               |     |    |     | 8) Water softener             |     |    |     |
| 2) Plumbing (pipes)         |     |    |     | a. Is water softener leased?  |     |    |     |
| 3) Central heating          |     |    |     | 9) Security System            |     |    |     |
| 4) Central Air conditioning |     |    |     | a. Is security system leased? |     |    |     |
| 5) Sump pump                |     |    |     | 10) Central vacuum            |     |    |     |
| 6) Fireplace/chimney        |     |    |     | 11) Built in appliances       |     |    |     |
| 7) Lawn sprinkler           |     |    |     | 12) Other mechanical systems  |     |    |     |

If the answer to any of the above questions is "Yes", please describe and indicate any repairs to the mechanical system since owning the property (but not longer than the past 5 years). \_\_\_\_\_

Owner's Initials \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Purchaser's Initials \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Property Address** \_\_\_\_\_

**G) WOOD BORING INSECTS/TERMITES:** Do you know of the presence of any wood boring insects/termites in or on the property or any existing damage to the property caused by wood boring insects/termites?    Yes    No

If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

If owner knows of any inspection or treatment for wood boring insects/termites, since owning the property (but not longer than the past 5 years), please describe: \_\_\_\_\_  
\_\_\_\_\_

**H) PRESENCE OF HAZARDOUS MATERIALS:** Do you know of the previous or current presence of any of the below identified hazardous materials on the property?

Yes                      No                      Unknown

- 1) Lead-Based Paint
- 2) Asbestos
- 3) Urea-Formaldehyde Foam Insulation
- 4) Radon Gas
  - a. If "Yes", indicate level of gas if known \_\_\_\_\_
- 5) Other toxic or hazardous substances

If the answer to any of the above questions is "Yes", please describe and indicate any repairs, remediation or mitigation to the property: \_\_\_\_\_  
\_\_\_\_\_

**I) FLOOD PLAIN/LAKE ERIE COASTAL EROSION AREA:**

Yes                      No                      Unknown

Is the property located in a designated flood plain?

Is the property or any portion of the property included in a Lake Erie Coastal Erosion Area?

**J) DRAINAGE/EROSION:** Do you know of any current flooding, drainage, settling or grading or erosion problems affecting the property?    Yes    No

If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

If owner knows of any repairs, modifications or alterations to the property or other attempts to control any flooding, drainage, settling, grading or erosion problems since owning the property (but not longer than the past 5 years), please describe: \_\_\_\_\_  
\_\_\_\_\_

**K) ZONING/CODE VIOLATIONS/ASSESSMENTS/HOME OWNERS ASSOCIATION:** Do you know of any violations of building or housing codes, zoning ordinances affecting the property or any nonconforming uses of the property?    Yes    No

If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

Is the structure on the property designated by any governmental authority as a historic building or as being located in an historic district? (NOTE: such designation may limit changes or improvements that may be made to the property).    Yes    No

If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you know of any recent or proposed assessments, which could affect the property?    Yes    No

If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

Is the property subject to any rules or regulations of, or the payment of any fees or charges to, a Homeowners Association, Condominium Association or any other Community Association?    Yes    No

If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

Owner's Initials \_\_\_\_\_ / \_\_\_\_\_    Date \_\_\_\_\_ / \_\_\_\_\_

Purchaser's Initials \_\_\_\_\_ / \_\_\_\_\_    Date \_\_\_\_\_ / \_\_\_\_\_

