



Professional Property Management

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Residential Properties

DISCLOSURE STATEMENT

This document is part of and is to be attached to the contract between TNT Inc. and the property owner. We (maintenance department) need all information pertaining to the property to manage as completely and thoroughly as possible. Please complete the information below in full and to the best of your knowledge.

File # _____

New building or new purchase; Ask builder or sales agent to help in completing all questions if you don't have the answers.

Please type or print

Property owner(s), name _____

Mailing Address _____

Phone numbers, Home _____ Work _____

Cell _____ FAX _____

Email _____

Rental property address _____ **City** _____ **Zip** _____

Legal description _____

Lot/land size _____

House Condo Townhome Manufactured Apartments Duplex Triplex

If more than one unit give unit numbers and location _____

Total square feet or square feet per unit _____ 1-2-3 or more stories _____

Number of bedrooms _____ Baths _____ Dining room Family room AZ room

Unfurnished Furnished **Furnished units: Please complete a detailed inventory on separate paper.**

Garage, how many car? _____ Auto open? _____

Location of openers _____ Carport, how many car? _____

Yard? _____ Fencing: Front Back Entire

Age/year built _____ Insurance Co. _____

Agent _____ Phone # _____ Policy # _____

Home/Builder warranty? Yes No Builder's/Warranty name _____

Phone _____ Warranty information _____

In order to manage your property in the most efficient manner we ask that if there are any agreements and/or warranties in effect, please provide us with copies.

SYSTEM/UTILITY INFORMATION

A/C Evaporative Cooler Ceiling fans? Location _____

Heat type: Natural Gas Propane Electric baseboard Electric central Electric cove Heat pump

If propane, Size of tank _____ Company used _____

If natural gas, Location of lines _____

Location of shut off valves _____ Location of meter _____

Heat tapes? Yes No If yes, give locations _____

Wood Fireplace Gas start Gas log Insert Gas log key

Freestanding wood stove Pellet stove Date of last clean? _____

****A home with any gas and/or wood burning devices should have a carbon monoxide detector.****

Is there a **CARBON MONOXIDE** detector in the home? Yes No

Initials _____

Any other types of heating/cooling _____

Identify any unheated and/or uncooled rooms _____

SMOKE DETECTORS are required by law.

Number and location of all **SMOKE DETECTORS**? _____

Complexes of four or more in the city of Prescott must have a **FIRE EXTINGUISHER**, on the exterior within 75 feet from the furthest back wall of inside each unit. Please describe locations of current equipment _____

Water heater: Gas Electric How many gallons? _____ Age _____ Location _____

Make/Model # _____

Are there any hot water problems? Yes No If yes, explain _____

Are there any plumbing system problems/leaks/freezing? _____

Bathroom ventilation: Window Fan Any ventilation problems? _____

Type of sewage system: Sewer Septic Alternative septic Cesspool

If septic, tank size and date of last pump _____

Maintenance company _____

Are there any known sewage problems? Yes No If yes, explain _____

Are there any electrical system problems? Yes No If yes, explain _____

Water source: City of Prescott Town of Prescott Valley Private well Other _____

If private well, give location of well head _____ Location of pump system _____

Gallons per minute _____ Depth _____ Type of pump _____

Pump depth _____ Maintenance company/phone # _____

Storage tank location _____ Size _____ Shut off valve location _____

When was the water last tested for mineral and particulates? _____

Location and # of standard outside faucets _____

Location and # of frost free hose bibs _____

Water line locations _____

Are there any water pressure problems? Yes No If yes, explain _____

Are there any drinking water problems? Yes No If yes, explain _____

Electrical breaker panel location _____

Is there a security system and/or fire smoke detector electric system? Yes No

Name and phone # of contact company _____

T.V. Cable: Yes No Overhead Underground Line location _____

List rooms with cable _____

T.V. Antenna: Location _____ Location of lead-in wire _____

Is there a landscape watering system? Yes No If yes, is it manual automatic both

Please give a map showing location of valves, etc., map attached. Yes No

Is there a spa and/or pool? Is it fenced appropriately as per code? Please describe all equipment make and model #'s.

Who is responsible for maintenance and their phone number? _____

Any specific instructions as to care and maintenance should be documented separately and attached to this disclosure.

CONSTRUCTION

Type of construction: Frame Block Other _____

Type of exterior: Wood Stucco Other _____

Basement: Partial Full Square footage _____ Access location _____

Contents of basement _____

Attic access location _____ Insulation type _____

Initials _____

Roof type _____ Roof age _____ Roof condition _____

Leaks or other problems _____

Condition of exterior walls _____ Date last painted _____

Exterior light locations _____ Type of lighting _____

Electric eye or timer _____ Locations _____

Type of fencing and locations _____

Are any walls or fences jointly owned with neighbor(s)? _____

Porch/decks: Flooring condition _____ Railing condition _____

Garage: Connected _____ Separate _____ Size _____ Flooring type _____

Carport: Connected _____ Separate _____ Size _____ Flooring type _____

Other parking: Street _____ Parking area for how many cars _____ RV Parking, Yes No

Driveway, type: Dirt _____ Concrete _____ Asphalt _____ Gravel _____ Condition _____

Sheds/Barns/Outbuildings/Corrals (please describe): _____

If there is a Guest house (please complete another disclosure form).

APPLIANCES/GENERAL INFORMATION:

Refrigerator w/icemaker Stove: Electric Gas Dishwasher Built in microwave Disposal

Trash Compactor Water softener Central Vacuum Cable Satellite

Washer Dryer : Electric Gas Propane Hookups: Electric Gas

Type of dryer venting and how far does the vent travel? _____

Are appliances in working order? Yes No If no, explain _____

Window treatments/coverings Blinds Drapes Both

Keys required: 6 sets of keys are required for each house lock, 3 mail box keys, 3 laundry room keys, 2 pool/tennis court keys, and all remotes for gates/garages.

What keys/openers are enclosed? _____

Names of other persons holding keys to this property _____

Is this property listed "**FOR SALE**"? Yes No

Do you know of any zoning problems/violations/variances that would be a problem to management? Yes No

If yes, explain _____

Zoning classification of the property _____

Do you know of any title problems (example; easements, use restrictions, lot line disputes, liens, encroachment, access) that would hinder the leasing of the property or cause problems to the tenant? Yes No

If yes, explain _____

Do you know of any building codes or sanitary code violations? Yes No

If yes, explain _____

Are there any pending legal disputes concerning the property, proposed or existing homeowner's/owner's association or government assessments, tax reclassification, utility, mechanic's or materialmen's liens, which could effect the rental term?

Yes No If yes, explain _____

Are you aware of any other information concerning your property that might affect the tenant or TNT, Inc.? _____

Homeowner's Association and telephone number _____

Describe any environmental hazardous materials used in or on the property. Asbestos before 1985, Lead paint before 1978, Pest control , Formaldehyde , Lead in water pipes , Open well or pit , Other _____

Initials _____

Please give a complete description of each room.

Living Room:

Size _____ Flooring _____ Lighting _____
 # of Windows _____ Window coverings and condition _____
 Doors and condition _____
 Screens and condition _____
 Wall condition _____ Paint color and condition _____
 Fireplace/wood/pellet stove _____
 Other _____

Dining Room:

Size _____ Flooring _____ Lighting _____
 # of Windows _____ Window coverings and condition _____
 Doors and condition _____
 Screens and condition _____
 Wall condition _____ Paint color and condition _____
 Fireplace/wood/pellet stove _____
 Other _____

Den/Office:

Size _____ Flooring _____ Lighting _____
 # of Windows _____ Window coverings and condition _____
 Doors and condition _____
 Screens and condition _____
 Wall condition _____ Paint color and condition _____
 Fireplace/wood/pellet stove _____
 Other _____

Sun Room:

Size _____ Flooring _____ Lighting _____
 # of Windows _____ Window coverings and condition _____
 Doors and condition _____
 Screens and condition _____
 Wall condition _____ Paint color and condition _____
 Fireplace/wood/pellet stove _____
 Other _____

Kitchen:

Size _____ Flooring _____ Lighting _____
 # of Windows _____ Window coverings and condition _____
 Doors and condition _____
 Screens and condition _____
 Wall condition _____ Paint color and condition _____
 Cabinet type and condition _____
 Counter top color and condition _____
 Other _____

Initials _____

Bedrooms:

of bedrooms _____ Size of each room _____
 Size of closets _____ Flooring _____ Lighting _____
 # of Windows _____ Window coverings and condition _____
 Doors and condition _____
 Screens and condition _____
 Wall condition _____ Paint color and condition _____
 Other _____

Baths:

of baths _____ Flooring _____ Lighting _____
 Window: Yes ___ No ___ Window covering and condition _____
 Doors and condition _____
 Screens and condition _____
 Wall condition _____ Paint color and condition _____
 Counter top color and condition _____
 Shower door or curtain and condition _____ Shower Rods, Yes No
 Other _____

General:

When was the interior last painted (not touch up)? _____
 When was carpet last installed? _____
 When was vinyl last installed? _____

I hereby declare all the above is true to the best of my knowledge. I further agree to hold TNT, Inc., free from any responsibility resulting from an incorrect answer or information and any information withheld or not disclosed on this document whether asked or not.

ALL OWNERS SIGNATURES

DATE

