

Houston Association of Realtors



TEXAS ASSOCIATION OF REALTORS® SELLER'S DISCLOSURE NOTICE

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Section 5.008 of the Texas Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a purchaser on or before the effective date of a contract. **This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.**

CONCERNING THE PROPERTY AT _____
(Street Address and City)

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller is is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? _____

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

<u>Y</u>	<u>N</u>	<u>U</u>		<u>Y</u>	<u>N</u>	<u>U</u>		<u>Y</u>	<u>N</u>	<u>U</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Lines (Nat/LP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sewer System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rain Gutters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sauna
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spa or Hot Tub
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaporative Cooler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patio/Decking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV Antenna
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall/Window A/C Units
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Detection Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	French Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Maintenance Accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Screens
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Heater				

<u>Y</u>	<u>N</u>	<u>U</u>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central A/C	If yes:	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	Number of Units	_____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Heat	If yes:	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Solar	Number of Units	_____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpot	If yes:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace & Chimney	If yes:	<input type="checkbox"/> Woodburning _____ (No.)	<input type="checkbox"/> Mock _____ (No.)	<input type="checkbox"/> Direct Vent _____ (No.)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage	If yes:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage Door Openers	If yes:	Number of Units	_____	Number of Controls	_____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish and Controls	If yes:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased from	_____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security System	If yes:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased from	_____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater	If yes:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Solar	<input type="checkbox"/> Other	_____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener	If yes:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased from	_____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground Lawn Sprinkler	If yes:	<input type="checkbox"/> Automatic	<input type="checkbox"/> Manual				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic or other on-site sewer facility	If yes:	Attached is <input type="checkbox"/>	Information About On-Site Sewer Facility (TAR No.1407)				

Water supply provided by: City Well MUD Co-Op Other Unknown
Was the dwelling built before 1978? Yes No Unknown
Roof Type: _____ Age: _____ (approx.)
Is there an overlay roof covering (shingles or roof covering placed over existing shingles or roof covering)? Yes No Unknown

Are you (Seller) aware of any of the items in Section 1 that are not in working condition, that have known defects, or that are in need of repair? Yes (If you are aware.) No (If you are not aware.) If yes, describe. (Attach additional sheets if necessary.)

This notice does not establish which items will or will not be conveyed in a sale. The terms of the contract will determine which items will and will not be conveyed.

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2. Are you (Seller) aware of any known defects/malfunctions in any of the following? (Mark Yes (Y) if you are aware, mark No (N) if you are not aware.)

<u>Y</u>	<u>N</u>		<u>Y</u>	<u>N</u>		<u>Y</u>	<u>N</u>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Basement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Walls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing/Sewers/ Septics
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ceilings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Floors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Roof
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation/Slab(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sidewalks
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Driveways	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Walls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Walls/Fences
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Electrical Systems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lighting Fixtures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Windows
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other Structural Components (describe): _____						

If the answer to any of the items in Section 2 is yes, explain. (Attach additional sheets if necessary.) _____

3. Are you (Seller) aware of any of the following conditions? (Mark Yes (Y) if you are aware, mark No (N) if you are not aware.)

<u>Y</u>	<u>N</u>		<u>Y</u>	<u>N</u>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Aluminum Wiring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Unplatted Easements
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Components	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Diseased Trees: <input checked="" type="checkbox"/> Oak Wilt <input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water Penetration
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Endangered Species/Habitat on Property	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wetlands on Property
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fault Lines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wood Rot
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hazardous or Toxic Waste			Previous Flooding
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Improper Drainage			Into the Improvements
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Intermittent or Weather Springs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Onto the Property
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Landfill			Structural Repairs:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lead-Based Paint or Lead-Based Paint Hazards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Previous Foundation Repairs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Located in 100-year Floodplain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Previous Roof Repairs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Previous Fires	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other Structural Repairs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Present Flood Insurance Coverage (If yes, attach Information About Special Flood Hazard Areas – TAR No. 1414)			Termites or Other Wood-Destroying Insects:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Radon Gas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Active Infestation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Settling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Previous Treatment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Movement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Previous Damage Repaired
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Subsurface Structures or Pits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Damage Needing Repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Underground Storage Tanks			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Unrecorded Easements			

If the answer to any of the conditions in Section 3 is yes, explain. (Attach additional sheets if necessary.) _____

4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice? Yes (If you are aware.) No (If you are not aware.) If yes, explain. (Attach additional sheets if necessary.) _____

5. Are you (Seller) aware of any of the following? (Mark Yes (Y) if you are aware, mark No (N) if you are not aware.)

<u>Y</u>	<u>N</u>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at that time.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Homeowners' association or maintenance fees or assessments. If yes, complete: Amount of fee or assessment: \$ _____ <input checked="" type="checkbox"/> Mandatory <input checked="" type="checkbox"/> Voluntary Due: <input checked="" type="checkbox"/> monthly <input checked="" type="checkbox"/> quarterly <input checked="" type="checkbox"/> annually Any unpaid fees or assessments for the Property: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, amount: \$ _____ Manager's Name: _____ Phone: _____

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Y N

Any "common area" (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete:
Any optional user fees for common facilities charged: Yes No If yes, describe: _____

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. If yes, describe:
Condemnation proceedings: _____
Pending or threatened change in zoning or deed restrictions: _____
Other: _____

Death on the Property other than death caused by: natural causes, suicide, or accident unrelated to the Property's condition.

Any condition on the Property which materially affects the physical health or safety of an individual.

Any repairs or treatment, other than routine maintenance, made to the Property to eliminate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold?

If the answer to any of the items in Section 5 is yes, explain. (Attach additional sheets if necessary.) _____

6. List and attach any written inspection reports that you (Seller) have received in the last 4 years that were completed by persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections.

<u>Date of Inspection</u>	<u>Type of Inspection</u>	<u>Name of Inspector/Company</u>	<u>Number of Pages</u>

A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors of the buyer's own choice.

7. Check any tax exemption(s) which you (Seller) currently claim for the Property: Homestead Senior Citizen
 Disabled Disabled Veteran
 Agricultural Unknown
 Other _____

8. Have you (Seller) ever collected any insurance payments pursuant to a claim made for damage to the Property and not used the proceeds to make the repairs for which the claim was submitted? Yes No If yes, explain. _____

9. NOTICES TO BUYER:

- A. The Texas Department of Public Safety maintains a database that consumers may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit www.txdps.state.tx.us. For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- B. The Listing Broker and any other broker advise you that this Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. **YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.**

Signature of Seller Date

Signature of Seller Date

The undersigned Buyer acknowledges receipt of the foregoing notice.

Signature of Buyer Date

Signature of Buyer Date