



# SELLER'S PROPERTY DISCLOSURE

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NORTHEAST FLORIDA ASSOCIATION OF REALTORS®, INC.



### NOTICE TO SELLER

In Florida, a seller of residential property is obligated to disclose to a buyer all facts known to a seller that materially and adversely affect the value of the Property being sold which are not readily observable by a buyer. This Disclosure is designed to assist a seller in complying with the disclosure requirements under Florida law and to assist a buyer in evaluating the Property described below ("the Property"). All parties, including the listing real estate Broker(s) and cooperating Broker(s), may wish to refer to this information when they evaluate, market or present the Property to prospective buyers.

### NOTICE TO BUYER

This Disclosure is not a warranty by SELLER or a representation of any kind by any REALTOR to this transaction and is not considered a substitute for inspections or warranties a buyer may wish to obtain. This Disclosure is based only upon SELLER's knowledge of the Property's condition as of the date signed by SELLER.

SELLER \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year Built: \_\_\_\_\_ Date SELLER purchased Property: \_\_\_\_\_

Is each individual named above a U.S. Citizen or resident alien?  Yes  No

Do you currently occupy the Property?  Yes  No

**If not**, when did you vacate the Property? \_\_\_\_\_

Is the Property tenant occupied?  Yes  No

**If yes**, is there a written lease?  Yes  No

Date lease began \_\_\_\_\_ Deposit amount \$ \_\_\_\_\_ Date lease ends \_\_\_\_\_

Monthly payment due under lease \$ \_\_\_\_\_ Date payable \_\_\_\_\_

**1. PROPERTY INFORMATION:** The Property has the items checked below, which are installed and, to SELLER's actual knowledge, are in working condition unless otherwise indicated:

- |  |  |
|--|--|
| <input type="checkbox"/> Range Brand: _____<br><input type="checkbox"/> Oven Brand: _____<br><input type="checkbox"/> Dishwasher Brand: _____<br><input type="checkbox"/> Disposal Brand: _____<br><input type="checkbox"/> Trash Compactor Brand: _____<br><input type="checkbox"/> Ceiling Fans - Number of fans: _____<br><input type="checkbox"/> Intercom<br><input type="checkbox"/> Audio Visual System Wiring<br><input type="checkbox"/> Light Fixtures<br><input type="checkbox"/> Bathroom Mirrors<br><input type="checkbox"/> Drapery Hardware<br><input type="checkbox"/> All Window Treatments<br><input type="checkbox"/> Garage Door Opener(s) and Number of Control(s): _____<br><input type="checkbox"/> Security Gate and other Access Devices<br><input type="checkbox"/> Pool Heater<br><input type="checkbox"/> Storage Shed<br><input type="checkbox"/> Mounted/Installed Speakers<br><input type="checkbox"/> TV Antennae/Satellite Dish <span style="margin-left: 20px;"><input type="checkbox"/> Owned <input type="checkbox"/> Leased</span><br><input type="checkbox"/> Water Softener/Treatment System <span style="margin-left: 20px;"><input type="checkbox"/> Owned <input type="checkbox"/> Leased</span><br><input type="checkbox"/> Storm Shutters and Panels<br><input type="checkbox"/> Spa or Hot Tub with Heater<br><input type="checkbox"/> Sauna<br><input type="checkbox"/> Built In Grill <span style="margin-left: 20px;"><input type="checkbox"/> Gas Supply: <input type="checkbox"/> Utility <input type="checkbox"/> Bottled/Tank</span><br><input type="checkbox"/> Irrigation System <span style="margin-left: 20px;"><input type="checkbox"/> Full <input type="checkbox"/> Partial</span><br><input type="checkbox"/> Water Heater: <span style="margin-left: 20px;"><input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solar Brand: _____</span> | <input type="checkbox"/> Refrigerator Brand: _____<br><input type="checkbox"/> Microwave Oven Brand: _____<br><input type="checkbox"/> Washer Brand: _____<br><input type="checkbox"/> Dryer Brand: _____<br><input type="checkbox"/> Fireplace <input type="checkbox"/> Gas Logs <input type="checkbox"/> Wood burning <input type="checkbox"/> Electric<br><input type="checkbox"/> Smoke Detectors<br><input type="checkbox"/> Security System <span style="margin-left: 20px;"><input type="checkbox"/> Owned <input type="checkbox"/> Leased</span><br><input type="checkbox"/> Window/Wall a/c(s) - Number of units: _____<br><input type="checkbox"/> Built In Generator<br><input type="checkbox"/> Wine Cooler <span style="margin-left: 20px;"><input type="checkbox"/> Built-in <input type="checkbox"/> Free Standing</span><br><input type="checkbox"/> In-ground Pool<br><input type="checkbox"/> Above Ground Pool<br><input type="checkbox"/> Pool Fence/Barrier<br><input type="checkbox"/> Pool Sweep<br><input type="checkbox"/> Solar Panels<br><input type="checkbox"/> Individual Mail Box<br><input type="checkbox"/> Cluster Mail Box and Key - Box Number _____ |
|--|--|

**2. CLAIMS AND ASSESSMENTS:**

- a. Are you aware of any existing, pending or proposed legal or administrative action affecting the Property? Yes No
- b. Are you aware of any existing or proposed municipal or county special assessments affecting the Property? Yes No
- c. Have any local, state or federal authorities notified you that repairs, alterations or corrections to the Property are required? Yes No
- d. Are you aware of any existing, pending or proposed legal action or administrative action affecting homeowners'/condominium association common areas (such as clubhouse, pools, tennis courts, walkways or other areas)? Yes No

**If yes to any of these items, please explain:** \_\_\_\_\_

**3. DEED/HOMEOWNERS'/CONDOMINIUM ASSOCIATION RESTRICTIONS:**

- a. Are there any deed, homeowners' or condominium restrictions? Yes No
- b. Is there a mandatory homeowners' or condominium association? Yes No

**If yes, please see Homeowners' Association/Community Disclosure Addendum or Condominium Rider**

Fees are payable to: \_\_\_\_\_

Payee's address: \_\_\_\_\_

Payee's phone number: \_\_\_\_\_

- Homeowners' Association fees and assessments are payable in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_
- Master Association fees and assessments are payable in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_
- Condominium Association maintenance fees are payable in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_
- Condominium Association special assessment fees are payable in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_\_\_ fees or assessments are payable in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_\_\_ fees or assessments are payable in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_\_\_ Association transfer/access fees payable by BUYER \$ \_\_\_\_\_
- \_\_\_\_\_ Association Capital Contribution fee payable by BUYER \$ \_\_\_\_\_

- c. Are you aware of any pending special assessment(s)? If yes please explain: Yes No

\_\_\_\_\_

- d. Are all of your Association fees current? Yes No
- e. Are you aware of any proposed changes to any of the restrictions? Yes No
- f. Are there any resale restrictions? Yes No
- g. Are there any restrictions to leasing the Property? Yes No
- h. Are you aware of any violations of the restrictive covenants affecting the Property including failure to obtain Association approval for improvements or changes to the Property? Yes No
- i. Is the Property part of a Community Development District (CDD)? Yes No

**If yes, please see Community Development District Acknowledgment.**

**4. ENVIRONMENT:**

- a. Was the Property built before 1978? Yes No

**If yes, complete the Lead-Based Paint Disclosure.**

- b. Are there or have there been any substances, materials or products which may be an environmental hazard such as, but not limited to, asbestos, urea formaldehyde, methamphetamine, radon gas, mold, lead-based paint, defective drywall, defective flooring, fuel oil, propane or chemical storage tanks (active or abandoned), or contaminated soil or water on the Property? Yes No Unknown
- c. Has there been any clean up, repair or remediation of the Property due to any of the substances, materials or products listed in subsection (b) above? Yes No Unknown
- d. Are there any wetlands, conservation easements/buffers, archeological sites or other environmentally sensitive areas located on the Property active or abandoned? Yes No Unknown

**If yes to any of these items, please explain:** \_\_\_\_\_

\_\_\_\_\_

**5. ROADS/LAND USE**

- a. Are access roads Public Private?
- b. Is the Property zoned for its current use? Yes No Unknown
- c. Are there any restrictions governing reconstruction of the Property following casualty loss or damage (e.g. for oceanfront or historic district properties)? Yes No Unknown

**If yes to any of these items, please explain:** \_\_\_\_\_

\_\_\_\_\_

**6. ADDITIONS/REMODELING/INSURANCE CLAIMS**

- a. Has there been any structural damage or damage to personal property which may have resulted from casualties including, but not limited to, fire, wind, water, flood, hail or sinkholes? Yes No Unknown
- b. If yes, are you aware if any insurance claims were filed? Yes No
- c. Have you made any additions, structural changes or other alterations to the Property? Yes No

**If yes, did you obtain all necessary permits?**

- d. Was any of the work in violation of any building codes? Yes No
- e. Were there any additions, structural changes or other alterations made to the Property by any previous owner? Yes No Unknown
- f. Please provide the name of any contractor or individual who constructed any addition or made any structural change to the Property. \_\_\_\_\_
- g. Are you aware of any active or open permits on the Property which have not been closed by a final inspection? Yes No

**If yes to any of these items, please explain:** \_\_\_\_\_

**7. ROOF-RELATED ITEMS**

- a. What is the approximate age of the roof? \_\_\_\_\_ Unknown
- b. Has the roof leaked during your ownership of the Property? Yes No
- If yes, what was done to correct the leak(s)?** \_\_\_\_\_
- c. Has the roof been replaced or repaired during your ownership of the Property? Yes No
- If replaced or repaired, please provide the date and name of contractor** \_\_\_\_\_
- \_\_\_\_\_ is there a transferable warranty? Yes No

**If yes, please provide a copy of the warranty.**

**8. POOL/SPA OR HOT TUB**

- a. Does the Property have any of the following?  
 Pool/Spa Heater Yes No Type: Gas Electric Solar  
 Pool Sweep Yes No  
 Spa/Hot Tub Yes No Type: Gas Electric
- b. Have repairs ever been made to any item mentioned above? Yes No Unknown
- If yes, please explain** \_\_\_\_\_
- c. What type of pool/spa or hot tub chlorination system do you have? (salt or chlorine) \_\_\_\_\_
- d. The pool/spa has the following safety features (as defined by Section 515, Florida Statutes):  
 Enclosure that meets the pool barrier requirements  Approved safety pool cover  
 Required door and window exit alarms  Required door locks

**9. HEATING AND AIR CONDITIONING**

Please indicate existing equipment:

- a. Air Conditioning: Central Electric Brand Name: \_\_\_\_\_ Age \_\_\_\_\_
- b. Heating: Central Electric Gas Fuel Oil Brand Name: \_\_\_\_\_ Age \_\_\_\_\_
- c. If heat pump, type: \_\_\_\_\_
- d. Air condenser age \_\_\_\_\_ Air handler age \_\_\_\_\_
- e. Window/Wall Unit (s) \_\_\_\_\_ Number and location of units included in sale: \_\_\_\_\_
- f. Solar Heating: Owned Leased
- g. Do you have any fuel storage tanks? Yes No  
**If yes,**  Underground  Above ground  Both
- h. Are you aware of any malfunction, condensation problem or defect regarding these items or ductwork since you have owned the Property? Yes No
- If yes, explain:** \_\_\_\_\_

**10. WATER INTRUSION**

- a. Are you aware of any past or present water intrusion, accumulation of water or dampness affecting the Property, including any crawl spaces? Yes No
- If yes, please explain** \_\_\_\_\_
- b. Are you aware of any attempts to control any water or dampness problems, including in any crawl spaces? Yes No
- c. Are you aware of any insurance claims filed for water intrusion? Yes No
- If yes, please indicate when and the disposition** \_\_\_\_\_

**11. SINKHOLES, SETTLING AND SOIL MOVEMENT**

a. Are you aware of any past or present settling, soil movement or sinkhole(s) affecting the Property? Yes No

**If yes, please explain:** \_\_\_\_\_

b. Are you aware of any insurance claims filed for a sinkhole with an insurance company? Yes No

**If yes,** has the claim has been completely settled with your homeowner's insurance company? Yes No

**If yes,** was the full amount of the claim proceeds used to repair the sinkhole damage? Yes No

**12. WINDOWS/DOORS/LOCKS**

a. Are the windows insulated glass? Yes No Unknown

b. Are any windows low "e" filtered windows? Yes No Unknown

c. Are there any fogged windows? Yes No

d. Are any windows broken or cracked? Yes No

e. Do all operable windows open, stay open, close and lock properly? Yes No

f. Are any screens missing or damaged? Yes No

g. Do all doors operate properly? Yes No

**13. PLUMBING**

a. Are you aware of any problems with the plumbing system? Yes No

b. Are you aware of any polybutylene pipes on the Property? Yes No

c. Are you aware of any leaks, back-ups, water or sewer/septic tank problems? Yes No

d. What is your drinking water supply source? Public Private Well on Property Shared well

e. If your water is from a well, have there ever been repairs/replacements to the well or pump? Yes No Unknown

f. Has the well water ever been tested? Yes No Unknown

g. Do you have a separate water supply source for irrigation? Yes No

h. **If yes,**  Irrigation Meter  Shallow Well

i. What type of sewage system do you have? Public Private Septic Tank(s)

If septic, how many? \_\_\_\_\_ Locations: \_\_\_\_\_

When was septic tank last pumped? \_\_\_\_\_ Age of septic tank if known: \_\_\_\_\_

Age of drain field if known: \_\_\_\_\_

j. Number of water heaters? \_\_\_\_\_  Electric  Gas  Solar  Tankless

**If yes to any of these items, please explain:** \_\_\_\_\_

**14. ELECTRICAL SYSTEM**

a. Are you aware of any damaged or malfunctioning switches, receptacles, wiring or any problem with the electrical system? Yes No

**If yes, please explain:** \_\_\_\_\_

b. Does the Property have any aluminum wiring? Yes No Unknown

**15. EXCLUSIONS/LEASED SYSTEMS**

a. Are there any items that are affixed to the Property that are excluded from the sale? Yes No

**If yes, please itemize:** \_\_\_\_\_

b. Is there any leased equipment included in the sale? Yes No

**If yes, please itemize:** \_\_\_\_\_

**16. WOOD-DESTROYING ORGANISMS**

a. Are you aware of any past or present infestation or damage to the Property caused by any wood-destroying organisms, including fungi? Yes No

**If yes, please explain:** \_\_\_\_\_

b. Is the Property currently under service agreement or bond for wood-destroying organisms with a licensed pest control company? Yes No

**If yes, with what company and renewal date?** \_\_\_\_\_

Is the service agreement or bond transferable? Yes No

**If yes, please attach a copy of the service agreement or bond.**

c. Do you know of any wood-destroying organism reports on the Property issued in the past five years? Yes No

**If yes, please explain and attached a copy if available:** \_\_\_\_\_

**17. FLOOD ZONE/DRAINAGE/BOUNDARIES**

a. Is any portion of the Property in a special flood hazard area for which a lender may require flood insurance? Yes No

**If yes, please attach a copy of the flood elevation certificate if available.**

