



Are there any features, conditions, or amenities of your home that are not readily apparent? Please describe:

N/A  
Garage key pad on Frame of Garage w/code

Are there any easements, encroachments, special assessments and/or road maintenance agreements or boundary disputes affecting your property?

N/A

Have you had a recent Home Inspection Yes  No  Date \_\_\_\_\_

Were you made aware of any safety and or structural deficiencies (electrical, rotting wood) from inspection

Yes  No  Deficiencies \_\_\_\_\_

Appliances:

Central A/C	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Central Heat	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Microwave	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Range/Oven	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Dishwasher	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Disposal	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Washer/Dryer	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other	_____	

Known deficiencies with any of the above appliances

\_\_\_\_\_  
\_\_\_\_\_

Rotting Wood	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Broken Windows	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
All Utilities on	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Are there any substances, materials, or products that may be considered an environmental hazard such as, but not limited to, asbestos, formaldehyde, radon gas, lead based paint, fuel or chemical storage tanks, and contaminated soil or water on the property? Yes  No

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

Are there any land uses or conditions near your property such as power lines, microwave stations, military bases, airports, refuse disposal sites, toxic substance storage sites, and/or any other noise or pollution situations?

Please explain: NO

Has your house had any pest infestation problems and/or symptoms in the last 2 years? Yes  No

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

Has there ever been any flooding or standing water on your property? Yes  No

If yes, please explain: IN VERY HARD OR PROLONGED RAIN WATER WILL STAND TEMP. IN AREAS OF THE YARD.

Do you have a sump pump in the crawl space or basement area? Yes \_\_\_\_\_ No  N/A \_\_\_\_\_

If yes, please indicate location(s): \_\_\_\_\_

Is there a vapor barrier in the crawl space? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_ N/A

Are there any zoning issues, nonconforming uses, or unusual restrictions on the property that would affect future construction or remodeling? Yes \_\_\_\_\_ No   
If yes, please explain: \_\_\_\_\_

**PUD only information:**

Is your home located in a Planned Unit Development (PUD), or do you participate in a Home Owner's Association? Yes \_\_\_\_\_ No  If yes, what amount of dues to you pay?

\_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Yearly

What common area amenities are included? (Park/Playground, Pool, Sports Court, Trails, Maintenance, etc.)  
\_\_\_\_\_

Are there any declarations of covenants, conditions or restrictions that affect the property? Yes \_\_\_\_\_ No \_\_\_\_\_

**Sales History:**

Was your property recently purchased? When \_\_\_\_\_ Amount \_\_\_\_\_

Has your property been offered for sale within the past 12 months? Yes \_\_\_\_\_ No  \$ \_\_\_\_\_

If yes:

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Listing agent: \_\_\_\_\_

I affirm the foregoing to be true and correct to the best of my knowledge.

Owner: Sally Little Date: 1/18/26

Owner: Tiffany A. Pitts Date: 1/18/26