

**STATE OF OHIO
DEPARTMENT OF COMMERCE**

RESIDENTIAL PROPERTY DISCLOSURE FORM

Pursuant to Ohio Revised Code Section 5302.30
TO BE COMPLETED BY OWNER (Please Print)

Property Address: _____

Owners Name(s): _____

Date: _____

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 would 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 PRUCHASERS 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 obligations 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.

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 Well Holding Tank
Cistern Spring Pond Unknown
Other _____

If owner knows of any current leaks, backups or other material problems with the water supply system or quality of the water, please describe:

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 _____

If owner knows of any current leaks, backups or other material problems with the sewer system servicing the property, please describe

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:

D) **BASEMENT/CRAWL SPACE:** Do you know of any current water leakage, water accumulation, excess dampness or other defects with the basement/crawl space? Yes No

If "yes", please describe:

If owner knows of any repairs, alterations or modifications to the property or other attempts to control any water or dampness problems in the basement or crawl space since owning the property (but not longer than the past 5 years) please describe:____

E) **STRUCTURAL COMPONENTS (FOUNDATION, FLOORS, INTERIOR AND EXTERIOR WALLS):** Do you know of any movement, shifting, deterioration, material cracks (other than visible minor cracks or blemishes) or other material problems with the foundation, floors, or interior/exterior walls? Yes No

If "yes", please describe:

If you know 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:

F) **MECHANICAL SYSTEMS:** Do you know of any current problems or defects with the mechanical systems? Yes No

If "Yes", please describe:

For purposes of this section, mechanical systems include electrical, plumbing (pipes), central heating and air conditioning, sump pump, fireplace/chimney, lawn sprinkler, water softener, security systems, central vacuum, or other mechanical systems that exist on the property.

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 have actual knowledge of the 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

4a) If "YES", indicate level of Gas if known_____

5) Other toxic substances

5a) If "YES", specify substance_____

If the answer to any of the above questions is "Yes", please describe:

