

# TENNESSEE RESIDENTIAL PROPERTY CONDITION DISCLOSURE

The Tennessee Residential Property Disclosure Act states that anyone transferring title to residential real property must provide information about the condition of the property. This completed form constitutes that disclosure by the Seller. This is not a warranty, or a substitute for any professional inspections or warranties that the purchasers may wish to obtain.

## IMPORTANT - MUST READ!

**Buyers and seller should be aware that any agreement executed between the parties will supercede this form as to any obligations on the part of the seller to repair items identified below and/or the obligation of the buyer to accept such items "as is".**

### INSTRUCTIONS TO THE SELLER

Complete this form yourself and answer each question to the best of your knowledge. If an answer is an estimate, clearly label it as such. The Seller hereby authorizes any agent(s) representing any party in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated sale of the subject property.

PROPERTY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

SELLER'S NAME(S) \_\_\_\_\_ PROPERTY AGE \_\_\_\_\_

DATE SELLER ACQUIRED THE PROPERTY \_\_\_\_\_ DO YOU OCCUPY THE PROPERTY? \_\_\_\_\_

IF NOT OWNER-OCCUPIED, HOW LONG HAS IT BEEN SINCE THE SELLER OCCUPIED THE PROPERTY? \_\_\_\_\_

(Check the one that applies) THIS PROPERTY IS A  SITE BUILT HOME  NONSITE BUILT HOME

#### A. THE SUBJECT PROPERTY INCLUDES THE ITEMS CHECKED BELOW:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Range<br><input type="checkbox"/> Oven<br><input type="checkbox"/> Microwave<br><input type="checkbox"/> Dishwasher<br><input type="checkbox"/> Garbage Disposal<br><input type="checkbox"/> Trash Compactor<br><input type="checkbox"/> Water Softener Alarm<br><input type="checkbox"/> 220 Volt Wiring<br><input type="checkbox"/> Washer/Dryer Hookups<br><input type="checkbox"/> Central Heating<br><input type="checkbox"/> Heat Pump | <input type="checkbox"/> Central Air Conditioning<br><input type="checkbox"/> Wall/Window Air Conditioning<br><input type="checkbox"/> Window Screens<br><input type="checkbox"/> Rain Gutters<br><input type="checkbox"/> Fireplace(s) (Number _____)<br><input type="checkbox"/> Gas Starter for Fireplace<br><input type="checkbox"/> Smoke Detector/Fire<br><input type="checkbox"/> Burglar Alarm<br><input type="checkbox"/> Patio/Decking/Gazebo<br><input type="checkbox"/> Irrigation System<br><input type="checkbox"/> Sump Pump | <input type="checkbox"/> Garage Door Opener(s)<br>(Number of openers _____)<br><input type="checkbox"/> Intercom<br><input type="checkbox"/> TV Antenna/Satellite Dish<br><input type="checkbox"/> Pool<br><input type="checkbox"/> Spa/Whirlpool Tub<br><input type="checkbox"/> Hot Tub<br><input type="checkbox"/> Sauna<br><input type="checkbox"/> Current Termite Contract<br><input type="checkbox"/> Access to Public Streets<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|---|---|---|

- |                 |                                     |                                       |   |
|-----------------|-------------------------------------|---------------------------------------|---|
| Garage:         | <input type="checkbox"/> Attached   | <input type="checkbox"/> Not Attached | <input type="checkbox"/> Carport  |
| Water Heater:   | <input type="checkbox"/> Gas        | <input type="checkbox"/> Solar        | <input type="checkbox"/> Electric   |
| Water Supply:   | <input type="checkbox"/> City       | <input type="checkbox"/> Well         | <input type="checkbox"/> Private Utility <input type="checkbox"/> Other _____ |
| Waste Disposal: | <input type="checkbox"/> City Sewer | <input type="checkbox"/> Septic Tank  | <input type="checkbox"/> Other _____  |
| Gas Supply:     | <input type="checkbox"/> Utility    | <input type="checkbox"/> Bottled      | <input type="checkbox"/> Other _____  |

Roof(s): Type \_\_\_\_\_ Age (approx.) \_\_\_\_\_

Other Items: \_\_\_\_\_

To the best of your knowledge, are any of the above NOT in operating condition?  YES  NO

If YES, then describe (Attach additional sheets if necessary):

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

#### B. ARE YOU (SELLER) AWARE OF ANY DEFECTS/MALFUNCTIONS IN ANY OF THE FOLLOWING?

	YES	NO	UNKNOWN		YES	NO	UNKNOWN
Interior Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewer/Septic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above is/are marked YES, Please explain:

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

**C. ARE YOU (SELLER) AWARE OF ANY OF THE FOLLOWING?**

	YES	NO	UNKNOWN
1. Substances, materials, or products which may be an environmental hazard such as, but not limited to: asbestos, radon gas, lead-based paint, fuel or chemical storage tanks, and/or contaminated water on the subject property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Features shared in common with adjoining landowners, such as, but not limited to, walls, fences, and driveways, whose use or responsibility for maintenance may have an effect on the subject property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Any authorized changes in roads, drainage, or utilities affecting the property, or contiguous to the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Any changes since the most recent survey of this property was done Most recent survey of the property: _____ [check here <input type="checkbox"/> if unknown]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Any encroachments, easements, or similar items that may affect your ownership interest in the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Room additions, structural modifications, or other alterations or repairs made without necessary permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Room additions, structural modifications, or other alterations or repairs not in compliance with building codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is heating and air conditioning supplied to all finished rooms? If the same type of system is not used for all finished rooms, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Landfill (compacted or otherwise) on the property or any portion thereof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Any settling from any cause, or slippage, sliding, or other soil problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Flooding, drainage, or grading problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Any requirement that flood insurance be maintained on the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Property or structural damage from fire, water, wind, storm, earthquake/tremor, landslide or wood destroying organisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Any zoning violations, nonconforming uses, and/or violations of "setback" requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Neighborhood noise problems or other nuisances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Subdivisions and/or deed restrictions or obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. A Homeowners Association (HOA) which has any authority over the subject property Name of HOA: _____ HOA Address: _____ Monthly Dues: _____ Special Assessments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Any "common area" (facilities such as, but not limited to, pools, tennis courts, walkways, or other areas co-owned in undivided interest with others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Any notices of abatement or citations against the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Any lawsuit(s) or proposed lawsuit(s) by or against the seller which affect or will affect the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is any system, equipment or part of the property being leased If yes, please explain, and include a written statement regarding payment information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Any exterior wall covering of the structure covered with exterior insulation and finishing systems (EIFS), also known as "synthetic stucco" ..... If yes, has there been a recent inspection to determine whether the structure has excessive moisture accumulation and/or moisture related damage? (The Tennessee Real Estate Commission urges any buyer or seller who encounters this product to have a qualified professional inspect the structure in question for the preceding concern and provide a written report of their finding.) If yes, please explain. If necessary, please attach an additional sheet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. CERTIFICATION:** I/we certify that the information herein, concerning the real property located at \_\_\_\_\_, is true and correct to the best of my/our knowledge as of the date signed. Should any of these conditions change prior to conveyance of title to this property, these changes will be disclosed in addendum(a) to this document.

_____ Transferor (Seller)	_____ Date
_____ Transferor (Seller)	_____ Date

**Parties may wish to obtain professional advice and/or inspections of the property and to negotiate appropriate provisions in the purchase agreement regarding advice, inspections, or defects.**

**TRANSFeree/BUYER'S ACKNOWLEDGMENT:** I/we understand that this disclosure statement is not intended as a substitute for any inspection, and that I/we have a responsibility to pay diligent attention to and inquire about those material defects which are evident by careful observation.

I/we acknowledge receipt of a copy of this disclosure.

_____ Transferee (Buyer)	_____ Date
_____ Transferee (Buyer)	_____ Date