



**TEXAS ASSOCIATION OF REALTORS®**  
**OWNER'S NOTICE CONCERNING CONDITION OF PROPERTY**  
**UNDER PROPERTY MANAGEMENT AGREEMENT**

©Texas Association of REALTORS®, Inc. 2004

CONCERNING THE PROPERTY AT \_\_\_\_\_

OWNER IS TO COMPLETE THIS FORM TO THE BEST OF THE OWNER'S KNOWLEDGE. THIS NOTICE IS NOT A WARRANTY OF ANY KIND.

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

Item	Y	N	U	Additional Information
Central A/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> heat pump      number of units: _____
Wall/Window AC Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of units: _____
Evaporative Coolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of units: _____
Central Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> heat pump      number of units: _____
Other Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes describe: _____
Fireplace & Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> woodburning _____ (no.) <input type="checkbox"/> mock _____ (no.) <input type="checkbox"/> other: _____
Gas Logs in Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of units: _____
Carport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of units: _____ number of remotes: _____
Fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> wood <input type="checkbox"/> chain-link <input type="checkbox"/> other: _____
Patio/Decking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	describe: _____
Outdoor Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	location: _____
Hot Tub/Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in-ground <input type="checkbox"/> above-ground / heater: <input type="checkbox"/> yes <input type="checkbox"/> no
Underground Lawn Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> automatic <input type="checkbox"/> manual      areas covered: _____
Septic / On-Site Sewer Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, attach Information About On-Site Sewer Facility (TAR-1407)
Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: _____
Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Washer/Dryer Hookups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dryer hookups are: <input type="checkbox"/> gas <input type="checkbox"/> electric
Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from: _____
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of units: _____
Kitchen Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> range-oven combo. <input type="checkbox"/> cooktop <input type="checkbox"/> oven <input type="checkbox"/> microwave <input type="checkbox"/> dishwasher <input type="checkbox"/> disposer <input type="checkbox"/> hood fan <input type="checkbox"/> trash compactor <input type="checkbox"/> refrigerator <input type="checkbox"/> other: _____

Section 2. Are you aware of any item, equipment, or system in or on the Property that is in need of repair?  yes  no If yes, explain (attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note: Unless instructed otherwise, items in the Property will be repaired in accordance with the repair provisions in the lease that the Broker negotiates for the Owner.*

Section 3. Are you aware of any of the following?

Y N

Owners' associations or maintenance fees or assessments. If yes, complete the following:  
 Name of association: \_\_\_\_\_  
 Manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Describe the common areas or facilities (pool, tennis courts, greenbelts, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 Are there any user fees for the common facilities?  yes  no If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 Name and contact information of any other association to which the Property is subject: \_\_\_\_\_  
 \_\_\_\_\_

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

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Section 4. Other Information.

- (1) Water to the Property is supplied by:  city  MUD  WCID  co-op  well (location: \_\_\_\_\_)
- (2) The type of roof on the Property is:  composition shingle  wood shingle  flat (tar & gravel)  metal  
 other \_\_\_\_\_ Approx. Age: \_\_\_\_\_ years
- (3) If the Property is a condominium or townhome, describe parking spaces (numbers, if assigned, location): \_\_\_\_\_  
 \_\_\_\_\_
- (4) Describe the location and number of the mailbox : \_\_\_\_\_
- (5) Provide any alarm codes, garage door codes, access codes, gate codes, common facility codes: \_\_\_\_\_  
 \_\_\_\_\_
- (6) Describe the location of:  
 heating & cooling filters: \_\_\_\_\_ filter size(s): \_\_\_\_\_  
 electrical breakers: \_\_\_\_\_  
 water shut-off valve: \_\_\_\_\_ gas shut-off valve: \_\_\_\_\_
- (7) There  are  are not written warranties in effect for the Property or any appliances. Attach copies.
- (8) Provide the names and phone numbers of the current providers to the Property:

Electricity: _____	Ph: _____
Gas: _____	Ph: _____
Water & Sewer: _____	Ph: _____
Telephone: _____	Ph: _____
Cable: _____	Ph: _____
Garbage: _____	Ph: _____
Pool Service: _____	Ph: _____
Alarm: _____	Ph: _____
Landscaping: _____	Ph: _____

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Computer generated using AutoContract™ v6.02 software, from AutoRealty, LLC, 1060 W. Pipeline, Suite 101, Hurst, TX 76053, (800) 322-1178  
 This installation of AutoContract™ is licensed for use to: Chris Warren, and is not transferable. Use by others is a violation of federal copyright law under Title 17 U.S.C. §101. C:\Users\Chris Warren\Documents\Untitled printed 11-30-2009