

YES NO UNKN

II. SYSTEM/UTILITIES

6. Heating system problems? If yes, explain and list fuel types. _____

- a. Is there an underground fuel tank? If yes, give age of tank if known, and location. _____

- b. Are you aware of any problems with the fuel tank? If yes, explain: _____

7. Hot water problems? If yes, explain: _____

- Type of hot water heater _____ Age _____
8. Plumbing system problems? If yes, explain: _____
9. Sewage system problems? If yes, explain: _____

- Type of sewage disposal system (central sewer, septic, cesspool, etc.) _____
- a. If private: (a) Name of service company _____
(b) Date last pumped _____ Frequency _____
- b. If public:
(1) Is there a separate charge made for sewer use? Yes _____ No _____
(2) If separate charge, is it a flat amount or metered? _____
(3) If flat amount, please state amount and due dates: _____
(4) Are there any unpaid sewer charges? Yes _____ No _____
If yes, state the amount: _____
10. Air conditioning problems? If yes, explain: _____

- Air Conditioning type: Central _____ Window _____ Other _____
11. Electrical System problems? If yes, explain: _____

12. Are you aware of any problem with the well or domestic water quality, quantity, recovery, and/or pressure? If yes, explain: _____

- a. Was well water tested for contaminants/volatile organic compounds? If yes, attach a copy of the report.
- b. Are there any unpaid water charges? If yes, state the amount: _____
- c. Is there a separate expense for water usage? If yes, state if flat or metered, give the amount and explain: _____

13. Electronic security problems? If yes, explain: _____

14. Carbon monoxide or smoke detector problems? If yes, explain: _____

15. Fire sprinkler system problems? If yes, explain: _____

YES	NO	UNKN	III. BUILDING/STRUCTURE/IMPROVEMENTS
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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Foundation/slab problems/settling? If yes, explain: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Basement Water/Seepage/Dampness? If yes, explain amount, frequency and location.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Sump pump problems? If yes, explain: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Roof leaks, problems? If yes, explain: _____
Roof type: _____ Age: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Interior walls/ceiling problems? If yes, explain: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Exterior siding problems? If yes, explain: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Floor problems? If yes, explain: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Chimney/fireplace/wood or coal stove problems? If yes, explain: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Fire/smoke damage? If yes, explain: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Patio/deck problems? If yes, explain: _____
_____ |
| | | | If made of wood, is wood treated or untreated? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Driveway problems? If yes, explain: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Termite/insect/rodent/pest infestation problems? If yes, explain: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Is house insulated? If yes, type _____ Location _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Rot and water damage problems? If yes, explain: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Water drainage problems? If yes, explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Are asbestos containing insulation or building materials present? If yes, location _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Is lead paint present? If yes, location _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Is lead plumbing present? If yes, location _____
_____ |

