



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

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

Concerning the Property at \_\_\_\_\_

**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 \_\_\_\_\_