

**SELLER'S DISCLOSURE OF PROPERTY CONDITION**

This form applies to residential real estate sales and purchases. This form is **not required** for:

1. Residential purchases of new construction homes if a written warranty is provided;
2. Sales of real estate at auction; or
3. A court supervised foreclosure.

The information in this form is based upon the undersigned's observation and knowledge about the property during the period beginning on the date of his or her purchase of the property on \_\_\_\_\_, and ending on \_\_\_\_\_.

*(Date of this form) (Date of purchase)*

**PROPERTY ADDRESS:** \_\_\_\_\_

**PURPOSE OF DISCLOSURE FORM:** Completion of this form shall satisfy the requirements of KRS 324.360 that mandates the seller's disclosure of information about the property he or she is about to sell. This disclosure is based solely on the seller's observation and knowledge of the property's condition and the improvements thereon. This disclosure form shall not be a warranty by the seller or seller's real estate agent and shall not be used as a substitute for an inspection or warranty that the purchaser may wish to obtain. This form is a statement of the conditions and other information about the property known by the seller. Unless otherwise advised, the seller does not possess any expertise in construction, architectural, engineering, or any other specific areas related to the construction or condition of the improvements on the property. Other than having lived at or owned the property, the seller possesses no greater knowledge than that which could be obtained upon a careful inspection of the property by the potential buyer. Unless otherwise advised, the seller has not conducted any inspection of generally inaccessible areas such as the foundation or roof. It is not a warranty of any kind by the seller or by any real estate agent representing any seller in this transaction. It is not a substitute for any inspections. The purchaser is encouraged to obtain his or her own professional inspections.

**INSTRUCTIONS TO THE SELLER:** (1) Complete all numbered items. (2) Report all known conditions affecting the property. (3) Attach additional pages, if necessary, with your signature and the date and time of signing. (4) Complete this form yourself or sign the authorization at the end of this form to authorize the real estate agent to complete this form on your behalf in accordance with KRS 324.360(9). (5) If some items do not apply to your property, mark "not applicable." (6) If you do not know the answer to a question, mark "unknown."

**SELLER'S DISCLOSURE:** As seller, I/we disclose the following information regarding the property. This information is true and accurate to the best of my/our knowledge as of the date signed. Seller authorizes the real estate agent to provide a copy of this statement to any person or entity in connection with actual or anticipated sale of the property or as otherwise provided by law. The following information is not the representation of the real estate agent.

Please answer all questions. If the answer is yes, please explain. If additional space is needed, use the reverse side or make attachments.

**1. HOUSE SYSTEMS**

**N/A YES NO UNKNOWN**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Any past or current problems affecting: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Plumbing                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Electrical system                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Appliances                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                  |            |                           |                          |                          |                          |
|----------------------------------|------------|---------------------------|--------------------------|--------------------------|--------------------------|
| E. Floors and walls              |            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Doors and windows             |            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                  |            | <b>N/A YES NO UNKNOWN</b> |                          |                          |                          |
| G. Ceiling and attic fans        |            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Security system               |            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Sump pump                     |            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Chimneys, fireplaces, inserts |            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Pool, hot tub, sauna          |            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Sprinkler system              |            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Heating                       | Age: _____ | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N. Cooling/air conditioning      | Age: _____ | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O. Water heater                  | Age: _____ | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain: \_\_\_\_\_

**2. FOUNDATION/STRUCTURE/BASEMENT**

- |   |  |                          |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Any defects or problems, current or past, to the foundation or slab?   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Any defects or problems, current or past, to the structure or exterior veneer?   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explain: _____  |  |                          |                          |                          |                          |
| C. Has the basement leaked at any time since you have owned or lived at the property?   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. When was the last time the basement leaked?  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have you ever had any repairs done to the basement?  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. If you have had basement leaks repaired, when was the repair performed?  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explain: _____  |  |                          |                          |                          |                          |
| G. If the basement presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Have you experienced, or are you aware of, any water or drainage problems with regard to the crawl space?                      |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3. ROOF**

- |   |  |                          |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Age of the roof covering?  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. 1. Has the roof leaked at any time since you have owned or lived at the property?  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. When was the last time the roof leaked?  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. 1. Have you ever had any repairs done to the roof?   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you have ever had the roof repaired, when was the repair performed?   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. 1. Have you ever had the roof replaced?  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you have had the roof replaced, when was the replacement performed?   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. If the roof presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. 1. Have you ever had roof repairs that involved placing shingles on  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

the roof instead of replacing the entire roof covering?

2. If yes, when was the repair performed?

Explain: \_\_\_\_\_

**4. LAND/DRAINAGE**

**N/A YES NO UNKNOWN**

- A. Any soil stability problems?
- B. Has the property ever had a drainage, flooding, or grading problem?
- C. Is the residence located within a Special Flood Hazard Area (SFHA) mandating the purchase of flood insurance for federally backed mortgages?

If yes, what is the flood zone? \_\_\_\_\_

- D. Is there a retention/detention basin, pond, lake, creek, spring, or water shed on or adjoining this property?

Explain: \_\_\_\_\_

**5. BOUNDARIES**

- A. 1. Have you ever received a staked or pinned survey of the property?
- 2. Are the boundaries marked in any way?
- 3. Do you know the boundaries? If yes, provide description below

Explain: \_\_\_\_\_

- B. Are there any encroachments or unrecorded easements relating to the property of which you are aware?

Explain: \_\_\_\_\_

**6. WATER**

- A. 1. Source of water supply \_\_\_\_\_
- 2. Are you aware of below normal water supply or water pressure?
- B. Is there a water purification system or softener remaining with the house?
- C. Has your water ever been tested? If yes, provide results below

Explain: \_\_\_\_\_

**7. SEWER SYSTEM**

- (a) Property is serviced by:
- 1. Category I. Public Municipal Treatment Facility
  - 2. Category II. Private Treatment Facility
  - 3. Category III. Subdivision Package Plant
  - 4. Category IV. Single Home Aerobic Treatment System ("Home Package Plant")
  - 5. Category V. Septic Tank with drain field, lagoon, wetland, other onsite dispersal
  - 6. Category VI. Septic Tank with dispersal to an offsite, multi-property cluster treatment system

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7. Category VII. No Treatment/Unknown

Name of Servicer (if known): \_\_\_\_\_

(b) For properties with Category IV, V, or VI systems:

Date of last inspection (sewer): \_\_\_\_\_

Date of last inspection (septic): \_\_\_\_\_ Date last cleaned (septic): \_\_\_\_\_

(c) Are you aware of any problems with the sewer system?

Explain: \_\_\_\_\_

**8. CONSTRUCTION/REMODELING**

**N/A YES NO UNKNOWN**

A. Have there been any additions, structural modifications, or other alterations made?

B. Were all necessary permits and government approvals obtained?

Explain: \_\_\_\_\_

**9. HOMEOWNER'S ASSOCIATION**

(a) 1. Is the property subject to rules or regulations of a homeowner's association?

2. If yes, what is the yearly assessment? \$ \_\_\_\_\_

3. Homeowner's Association Name: \_\_\_\_\_

HOA Primary Contact Name: \_\_\_\_\_

HOA Primary Contact Phone No. \_\_\_\_\_

(b) Are you aware of any condition that may result in an increase in taxes or Assessments?

(c) Are any features of the property shared in common with adjoining landowners such as: walls, fences, driveways, etc?

Explain: \_\_\_\_\_

**10. MISCELLANEOUS**

(a) Was this house built before 1978?

(b) Are you aware of any use of urea formaldehyde, asbestos materials, or lead based paint in or on this home?

(c) 1. Are you aware of any testing for radon gas?

2. Results, if tested \_\_\_\_\_

(d) Are you aware of any underground storage tanks, old septic tanks, field lines, cisterns or abandoned wells on the property?

(e) Are there any other environmental hazards known to seller? (e.g., carbon monoxide, hazardous waste, water contamination or methamphetamine contamination)

**METHAMPHETAMINE CONTAMINATION DISCLOSURE REQUIREMENT**

A property owner who chooses **NOT** to decontaminate a property used in the production of methamphetamine **MUST** make written disclosure of methamphetamine contamination pursuant to KRS 224.1-410(10) and 902 KAR 47:200. Failure to properly disclose methamphetamine contamination is a Class D Felony under KRS 224.99-010.

**Kentucky State Form**

- (f) Are you aware of any present or past wood infestation (e.g., termites, borers, carpenter ants, fungi, etc.)?
- (g) Are you aware of any damage due to wood infestation?
- (h) 1. Has the house or other improvements ever been treated for wood infestation?      
 2. If yes, when, by whom, and any warranties? \_\_\_\_\_
- (i) Are you aware of any existing or threatened legal action affecting this property?
- (j) Are there any assessments other than property assessments that apply to this property (e.g., sewer assessments)?
- (k) Are you aware of any violations of local, state, or federal laws, codes, or ordinances relating to this property?
- (l) Are you aware of any other conditions that are defective with regard to this property?

**N/A YES NO UNKNOWN**

- (m) Are there any environmental hazards known to seller? E.g., methamphetamine contamination?
- (n) Are there any warranties to be passed on?
- (o) Has this house ever been damaged by fire or other disaster (e.g., tornado, hail, etc.)?      
 If yes, please explain: \_\_\_\_\_
- (p) Are you aware of the existence of mold or other fungi on the property?
- (q) Has this house ever had pets living in it?      
 If yes, Explain \_\_\_\_\_
- (r) Is the property in a historic district?

**SPACE FOR ADDITIONAL INFORMATION**

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Seller states that the information contained in this Disclosure of Property Condition Form is complete and accurate to the best of his/her/their knowledge and belief. **Seller agrees to immediately notify Buyer of any changes that may become known to Seller prior to closing by providing a written addendum hereto.**

\_\_\_\_\_  
 Seller Date

\_\_\_\_\_  
 Seller Date

THE REAL ESTATE AGENT NAMED HERE, \_\_\_\_\_, HAS BEEN REQUESTED BY THE OWNER TO COMPLETE THIS FORM AND HAS DONE SO. SELLER HEREBY AGREES TO HOLD HARMLESS THE NAMED REAL ESTATE AGENT FOR ANY REPRESENTATIONS THAT APPEAR ON THIS FORM IN ACCORDANCE WITH KRS 324.360(9).

\_\_\_\_\_  
 Seller

\_\_\_\_\_  
 Date

