



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				<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> heat pump number of units:
Wall/Window AC Units				number of units:
Evaporative Coolers				number of units:
Central Heat				<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> heat pump number of units:
Other Heat				if yes describe: _____
Fireplace & Chimney				<input type="checkbox"/> woodburning ____ (no.) <input type="checkbox"/> mock ____ (no.) <input type="checkbox"/> other: _____
Gas Logs in Fireplace				
Ceiling Fans				number of units:
Carport				<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage				<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers				number of units: _____ number of remotes: _____
Fences				<input type="checkbox"/> wood <input type="checkbox"/> chain-link <input type="checkbox"/> other
Patio/Decking				describe:
Outdoor Grill				location:
Hot Tub/Spa				
Pool				<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"/> automatic <input type="checkbox"/> manual areas covered:
Septic / On-Site Sewer Facility				if yes, attach Information About On-Site Sewer Facility (TAR-1407)
Water Heater				<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> Other _____ number of units: _____
Water Softener				<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Washer/Dryer Hookups				dryer hookups are: <input type="checkbox"/> gas <input type="checkbox"/> electric
Washer				
Dryer				
Sauna				
Alarm System				<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Smoke Detectors				number of units:
Kitchen Equipment				<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.*

(TAR-2206) 8-26-04

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