

## COVID-19 Certification for Property Access

Property Address: \_\_\_\_\_ Date of visit: \_\_\_\_\_, 2020

Seller(s): \_\_\_\_\_

Listing Agent(s) Present: \_\_\_\_\_

Potential Buyer(s) Present: \_\_\_\_\_

Buyer Agent(s) Present: \_\_\_\_\_

Other Individual(s) Present: \_\_\_\_\_ Role\*: \_\_\_\_\_

**\*Inspectors, appraisers, contractors or other transaction service providers.**

Seller authorizes access to the property to the individual(s) listed above.

Each person listed above certifies that to the best of his or her knowledge neither they, nor a member of their household with whom they live, nor a person with whom they work with closely:

1. Have experienced any cold or flu-like symptoms in the last 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing).
2. Has been diagnosed with COVID-19.
3. Has a test pending for COVID-19.
4. Is currently under quarantine due to COVID-19 concerns.
5. Has had contact with someone diagnosed with COVID-19.
6. Has had contact with someone who had contact with someone diagnosed with COVID-19.
7. Has traveled in the past 14 days to anywhere designated as having widespread ongoing transmission by the Centers for Disease Control.

This certification does not create any legally binding contract or enforceable obligation.

PLEASE SIGN AND PRINT TO INDICATE YOUR CERTIFICATION OF ALL OF THE ABOVE:

Signature

Printed Name

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