

## Model COVID-19 Certification for Property Access



Property Address: 113 Sanders St Palacios Date of visit: \_\_\_\_\_, 2020  
Seller(s): Secretary of Veterans Affairs Secretary of Veterans Affairs  
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) who have signed below.

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. Has experienced any cold or flu-like symptoms in the previous 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing).
2. Is currently 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 in the previous 14 days with someone diagnosed with COVID-19.
6. Has had contact in the previous 14 days with someone who had contact with someone diagnosed with COVID-19.
7. Has traveled in the previous 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 nor modify any right or obligation in an existing contract.

EACH SELLER(S) AND INDIVIDUAL(S) INTENDING TO ACCESS THE PROPERTY MUST SIGN AND PRINT YOUR NAME TO INDICATE YOUR CERTIFICATION OF ALL OF THE ABOVE:

Signature

Printed Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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