

# HOMEOWNER QUESTIONNAIRE

Property Address: 371 Tobacco Rd

City: Brookeland, TX ZIP: 75931

Public Utilities your property is connected to (such as natural gas, electricity, water, sewer, storm sewer, etc.):  
Rayburn Mud District

Is your property served by a Septic System? Yes \_\_\_\_\_ No   
If yes, when was the tank last serviced?  
\_\_\_\_\_

Please describe any additions, remodeling improvements (kitchen cabinets, countertops, appliances etc.), upgrades (windows, flooring, Central air or Heat, Etc.) or special maintenance done to your property, including year of completion and permit status:

Kitchen: N/A  
\_\_\_\_\_  
\_\_\_\_\_  
Year Completed \_\_\_\_\_

Baths: N/A  
\_\_\_\_\_  
\_\_\_\_\_  
Year Completed \_\_\_\_\_

Other: N/A  
\_\_\_\_\_  
\_\_\_\_\_  
Year Completed \_\_\_\_\_

Were these additions completed with the proper Permits Yes \_\_\_\_\_ No  N/A

Were the additions allowed by Deed Restrictions Yes \_\_\_\_\_ No  N/A

List what you feel would be the three (3) most desirable/marketable aspects of your home:

- Close to Golf Course
- In a Cul-de-sac
- Closets Boat Ramps on Sam Rayburn Res.

When was your roof last serviced or replaced? Original 2019

What type of access does your attic have? Hallway

Type of windows in your home: Single Pane \_\_\_\_\_ Double Pane  Storm Windows \_\_\_\_\_

Wood Frame \_\_\_\_\_ Aluminum Frame  Vinyl Frame \_\_\_\_\_

Screens: Aluminum  Vinyl \_\_\_\_\_ None \_\_\_\_\_

Do you have a Home Owner's Warranty? Yes \_\_\_\_\_ No   
If yes, what is the name of the warranty program and when does the warranty expire?  
\_\_\_\_\_

Are there any features, conditions, or amenities of your home that are not readily apparent? Please describe:

N/A

Are there any easements, encroachments, special assessments and/or road maintenance agreements or boundary disputes affecting your property?

N/A

Have you had a recent Home Inspection Yes \_\_\_ No  Date \_\_\_\_\_

Were you made aware of any safety and or structural deficiencies (electrical, rotting wood) from inspection

Yes \_\_\_ No  Deficiencies \_\_\_\_\_

Appliances:

Central A/C	Yes <input checked="" type="checkbox"/>	No _____
Central Heat	Yes <input checked="" type="checkbox"/>	No _____
Microwave	Yes <input checked="" type="checkbox"/>	No _____
Range/Oven	Yes <input checked="" type="checkbox"/>	No _____
Dishwasher	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Disposal	Yes _____	No <input checked="" type="checkbox"/>
Washer/Dryer	Yes <input checked="" type="checkbox"/>	No _____
Other	_____	

Known deficiencies with any of the above appliances

N/A

Rotting Wood	Yes _____	No <input checked="" type="checkbox"/>
Broken Windows	Yes _____	No <input checked="" type="checkbox"/>
All Utilities on	Yes <input checked="" type="checkbox"/>	No _____

Are there any substances, materials, or products that may be considered an environmental hazard such as, but not limited to, asbestos, formaldehyde, radon gas, lead based paint, fuel or chemical storage tanks, and contaminated soil or water on the property? Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Are there any land uses or conditions near your property such as power lines, microwave stations, military bases, airports, refuse disposal sites, toxic substance storage sites, and/or any other noise or pollution situations?

Please explain: \_\_\_\_\_

Has your house had any pest infestation problems and/or symptoms in the last 2 years? Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Has there ever been any flooding or standing water on your property? Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you have a sump pump in the crawl space or basement area? Yes \_\_\_\_\_ No  N/A

If yes, please indicate location(s): \_\_\_\_\_

Is there a vapor barrier in the crawl space? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_ N/A

Are there any zoning issues, nonconforming uses, or unusual restrictions on the property that would affect future construction or remodeling? Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**PUD only information:**

Is your home located in a Planned Unit Development (PUD), or do you participate in a Home Owner's Association? Yes  No \_\_\_\_\_ If yes, what amount of dues to you pay?

\_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly 720<sup>00</sup> Yearly

What common area amenities are included? (Park/Playground, Pool, Sports Court, Trails, Maintenance, etc.)

Pool, Tennis Courts, Country Club

Are there any declarations of covenants, conditions or restrictions that affect the property? Yes \_\_\_\_\_ No

**Sales History:**

Was your property recently purchased? When \_\_\_\_\_ Amount \_\_\_\_\_

Has your property been offered for sale within the past 12 months? Yes  No \_\_\_\_\_ \$ 350,000

If yes:

From 2 / ? / 2022 to 1 / 22 / 2023 Listing agent: April Lendo

I affirm the foregoing to be true and correct to the best of my knowledge.

Owner: [Signature] Date: 1/26/23

Owner: \_\_\_\_\_ Date: \_\_\_\_\_