

HOMEOWNER QUESTIONNAIRE

Property Address: 7330 Hampton Ct.

City: Lumberton ZIP: 77657

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

Is your property served by a Septic System? Yes _____ No X
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: _____

_____ Year Completed _____

Baths: _____

_____ Year Completed _____

Other: _____

_____ 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:

1. _____

2. _____

3. _____

When was your roof last serviced or replaced? 7-29-2021

What type of access does your attic have? _____

Type of windows in your home: Single Pane ___ Double Pane X Storm Windows ___

Wood Frame ___ Aluminum Frame X Vinyl Frame ___

Screens: Aluminum ___ Vinyl X None (2)

Do you have a Home Owner's Warranty? Yes X No ___

If yes, what is the name of the warranty program and when does the warranty expire?

AMERICAN HOME SHIELD - PAID MONTHLY

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

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

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 _____	No _____
Range/Oven	Yes <input checked="" type="checkbox"/>	No _____
Dishwasher	Yes <input checked="" type="checkbox"/>	No _____
Disposal	Yes <input checked="" type="checkbox"/>	No _____
Washer/Dryer	Yes <input checked="" type="checkbox"/>	No _____
Other	_____	

Known deficiencies with any of the above appliances

Rotting Wood	Yes _____	No _____
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 _____ Yearly

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

Are there any declarations of covenants, conditions or restrictions at 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 \$ _____

If yes:

From ___/___/___ to ___/___/___ Listing agent: _____

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

Owner: _____ Date: _____

Owner: _____ Date: _____