

# HOMEOWNER QUESTIONNAIRE

Property Address: 5640 LEXINGTON CIR.

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   
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: 44 KW WHOLE HOUSE GENERATOR  
\_\_\_\_\_  
\_\_\_\_\_ Year Completed 2010

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:

- 44 KW WHOLE HOUSE GENERATOR
- PLANTATION SHUTTERS
- FINISHED COURTYARD & PATIO

When was your roof last serviced or replaced? 2023

What type of access does your attic have? STAIRWAY IN GARAGE

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 <input checked="" type="checkbox"/>	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

NONE  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_ 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 5-1-2008 Amount \$ 358,000

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: \_\_\_\_\_