

# HOMEOWNER QUESTIONNAIRE

Property Address: 1690 Hyde Ct

City: Beaumont TX ZIP: 77706

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: Painted Cabinets Granite Counter Tops  
Backsplash Overhead Lighting

Year Completed 11-25-18

Baths: Counter, tops, Sinks, Shower Wall Accents  
Lighting

Year Completed 11-25-18

Other: Wood Flooring Updated Stairs, Updated All Bathrooms  
Updated Laundry Room, Installed Generator (24KW)  
600amp Tesla Plus Gen SASE Year Completed 11-25-18

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

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

SIDE WALK, DRAINAGE  
Added Solar SYSTEM  
SCREENS IN BACK

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

1. MASTER BATH
2. Kitchen
3. BACKYARD / PORCH

When was your roof last serviced or replaced? 2015

What type of access does your attic have? Door Access

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

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

Screens: Aluminum \_\_\_\_\_ Vinyl \_\_\_\_\_ None  Solar Screens in BACK

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:

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

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

Known deficiencies with any of the above appliances

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

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: \_\_\_\_\_  
HOA

**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 1600 Yearly

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

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 1/1 to 1/1 Listing agent: \_\_\_\_\_

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

Owner:  Date: 1-17-24

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