

## Seller's Property Disclosure – Residential

**Notice to Licensee:** The **Seller** should fill out this form.

**Notice to Seller:** Florida law<sup>1</sup> requires a seller of a home to disclose to the buyer all known facts that materially affect the value of the property being sold and that are not readily observable or known by the buyer. This disclosure form is designed to help you comply with the law. However, this disclosure form may not address every significant issue that is unique to the Property. You should think about what you would want to know if you were buying the Property today; and if you need more space for additional information, comments, or explanations, check the Paragraph 10 checkbox and attach an addendum.

**Notice to Buyer:** The following representations are made by **Seller** and **not** by any real estate licensee. This disclosure is not a guaranty or warranty of any kind. It is not a substitute for any inspections, warranties, or professional advice you may wish to obtain. It is not a substitute for your own personal judgment and common sense. The following information is based only upon **Seller's** actual knowledge of the Property's condition. Sellers can disclose only what they actually know. **Seller** may not know about all material or significant items. You should have an independent, professional home inspection to verify the condition of the Property and determine the cost of repairs, if any. This disclosure is not a contract and is not intended to be a part of any contract for sale and purchase.

**Seller** makes the following disclosure regarding the property described as: \_\_\_\_\_ (the "Property")

The Property is ☐owner occupied ☐tenant occupied ☐unoccupied (If unoccupied, how long has it been since **Seller** occupied the Property? \_\_\_\_\_)

|                                                                                                                                                                                                                 | <u>Yes</u>               | <u>No</u>                | <u>Don't Know</u>        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>1. Structures; Systems; Appliances:</b>                                                                                                                                                                      |                          |                          |                          |
| (a) Are the structures, including roofs; ceilings; walls; doors; windows; foundation; and pool, hot tub, and spa, if any, structurally sound and free of leaks?                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Is seawall, if any, and dockage, if any, structurally sound?                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Are existing major appliances and heating, cooling, mechanical, electrical, security, and sprinkler systems, in working condition, i.e., operating in the manner in which the item was designed to operate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Are any of the appliances leased? If yes, which ones: _____                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) If any answer to questions 1(a) – 1(c) is no, please explain: _____                                                                                                                                         |                          |                          |                          |
| <b>2. Termites; Other Wood-Destroying Organisms; Pests:</b>                                                                                                                                                     |                          |                          |                          |
| (a) Are termites; other wood-destroying organisms, including fungi; or pests present on the Property or has the Property had any structural damage by them?                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Has the Property been treated for termites; other wood-destroying organisms, including fungi; or pests?                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) If any answer to questions 2(a) - 2(b) is yes, please explain: _____                                                                                                                                        |                          |                          |                          |
| <b>3. Water Intrusion; Drainage; Flooding:</b>                                                                                                                                                                  |                          |                          |                          |
| (a) Has past or present water intrusion affected the Property?                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Have past or present drainage or flooding problems affected the Property?                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Is any of the Property located in a special flood hazard area?                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Is any of the Property located seaward of the coastal construction control line?                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Does your lender require flood insurance?                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Do you have an elevation certificate? If yes, please attach a copy.                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) If any answer to questions 3(a) - 3(d) is yes, please explain: _____                                                                                                                                        |                          |                          |                          |

<sup>1</sup> *Johnson v. Davis*, 480 So.2d 625 (Fla. 1985).

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Yes</u>               | <u>No</u>                | <u>Don't Know</u>        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>4. Plumbing:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |
| (a) What is your drinking water source? <input type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> well <input type="checkbox"/> other                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Have you ever had a problem with the quality, supply, or flow of potable water?                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Do you have a water treatment system?                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it <input type="checkbox"/> owned <input type="checkbox"/> leased?                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |
| (d) Do you have a <input type="checkbox"/> sewer or <input type="checkbox"/> septic system? If septic system, describe the location of each system: _____                                                                                                                                                                                                                                                                                            |                          |                          |                          |
| (e) Are any septic tanks, drain fields, or wells that are not currently being used located on the Property?                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Have there been any plumbing leaks since you have owned the Property?                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Are any polybutylene pipes on the Property?                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) If any answer to questions 4(b), 4(c), and 4(e) - 4(g) is yes, please explain: _____                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |
| <b>5. Pools; Hot Tubs; Spas:</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                          |                          |
| <b>Note:</b> Florida law requires swimming pools, hot tubs, and spas that received a certificate of completion on or after October 1, 2000, to have at least one safety feature as specified by Section 515.27, Florida Statutes.                                                                                                                                                                                                                    |                          |                          |                          |
| (a) If the Property has a swimming pool, hot tub, or spa that received a certificate of completion on or after October 1, 2000, indicate the existing safety feature(s):<br><input type="checkbox"/> enclosure that meets the pool barrier requirements <input type="checkbox"/> approved safety pool cover <input type="checkbox"/> required door and window exit alarms <input type="checkbox"/> required door locks <input type="checkbox"/> none |                          |                          |                          |
| (b) Has an in-ground pool on the Property been demolished and/or filled?                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6. Sinkholes:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |
| <b>Note:</b> When an insurance claim for sinkhole damage has been made by the seller and paid by the insurer, Section 627.7073(2)(c), Florida Statutes, requires the seller to disclose to the buyer that a claim was paid and whether or not the full amount paid was used to repair the sinkhole damage.                                                                                                                                           |                          |                          |                          |
| (a) Does past or present settling, soil movement, or sinkhole(s) affect the Property or adjacent properties?                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Has any insurance claim for sinkhole damage been made?                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) If any insurance claim for sinkhole damage was made, was the claim paid?                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) If any insurance claim for sinkhole damage was paid, were all the proceeds used to repair the damage?                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) If any answer to questions 6(a) - 6(c) is yes or the answer to question 6(d) is no, please explain: _____                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |
| <b>7. Deed/Homeowners' Association Restrictions; Boundaries; Access Roads:</b>                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |
| (a) Are there any deed or homeowners' restrictions?                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Are there any proposed changes to any of the restrictions?                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Are there any resale or leasing restrictions?                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Is membership mandatory in a homeowners' association?                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Are fees charged by the homeowners' association?                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Are any driveways, walls, fences, or other features shared with adjoining landowners?                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Are there any encroachments on the Property or any encroachments by the Property's improvements on other lands?                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Are there boundary line disputes or easements affecting the Property?                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Are access roads <input type="checkbox"/> private <input type="checkbox"/> public? If private, describe the terms and conditions of the maintenance agreement: _____                                                                                                                                                                                                                                                                             |                          |                          |                          |
| (j) If any answer to questions 7(a) - 7(h) is yes, please explain: _____                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |



## Seller's Update

**Instructions to Seller:** If the information set forth in this disclosure statement becomes inaccurate or incorrect, you must promptly notify **Buyer**. Please review the questions and your answers. Use the space below to make corrections and provide additional information, if necessary. Then acknowledge that the information is accurate as of date signed below.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Seller** represents that the information provided on this form and any attachments is accurate and complete to the best of **Seller's** knowledge on the date signed by **Seller**.

**Seller:** \_\_\_\_\_ / \_\_\_\_\_ **Date:** \_\_\_\_\_  
(signature) (print)

**Seller:** \_\_\_\_\_ / \_\_\_\_\_ **Date:** \_\_\_\_\_  
(signature) (print) (signature) (print)

**Buyer** acknowledges that **Buyer** has read, understands, and has received a copy of this revised disclosure statement.

**Buyer:** \_\_\_\_\_ / \_\_\_\_\_ **Date:** \_\_\_\_\_  
(signature) (print)

**Buyer:** \_\_\_\_\_ / \_\_\_\_\_ **Date:** \_\_\_\_\_  
(signature) (print)