



SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

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Property Address: 311 Amity St 2nd Floor

Elizabeth, NJ 07202 ("Property").

Seller: Wilson Carmona

____ ("Seller").

The purpose of this Disclosure Statement is to disclose, to the best of Seller's knowledge, the condition of the Property, as of the date set forth below. The Seller is aware that he or she is under an obligation to disclose any known material defects in the Property even if not addressed in this printed form. Seller alone is the source of all information contained in this form. All prospective buyers of the Property are cautioned to carefully inspect the Property and to carefully inspect the surrounding area for any off-site conditions that may adversely affect the Property. Moreover, this Disclosure Statement is not intended to be a substitute for prospective buyer's hiring of qualified experts to inspect the Property.

If your Property consists of multiple units, systems and/or features, please provide complete answers on all such units, systems and/or features even if the question is phrased in the singular, such as if a duplex has multiple furnaces, water heaters and fireplaces.

OCCUPANCY

Yes No Unknown
[] [] []

1. Age of House, if known _____
2. Does the Seller currently occupy this Property?
If not, how long has it been since Seller occupied the Property? _____
3. What year did the Seller buy the Property? _____
- 3a. Do you have in your possession the original or a copy of the deed evidencing your ownership of the Property? If "yes," please attach a copy of it to this form.

ROOF

Yes No Unknown
[] [] []

4. Age of roof _____
5. Has roof been replaced or repaired since Seller bought the Property?
6. Are you aware of any roof leaks?
7. Explain any "yes" answers that you give in this section: _____

ATTIC, BASEMENTS AND CRAWL SPACES (Complete only if applicable)

Yes No Unknown

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[] [] []

[] [] []

[] [] []

[] [] []

8. Does the Property have one or more sump pumps?
- 8a. Are there any problems with the operation of any sump pump?
9. Are you aware of any water leakage, accumulation or dampness within the basement or crawl spaces or any other areas within any of the structures on the Property?
- 9a. Are you aware of the presence of any mold or similar natural substance within the basement or crawl spaces or any other areas within any of the structures on the Property?
10. Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space? If "yes," describe the location, nature and date of the repairs: _____
11. Are you aware of any cracks or bulges in the basement floor or foundation walls? If "yes," specify location: _____



51	<input type="checkbox"/>	<input type="checkbox"/>	12. Are you aware of any restrictions on how the attic may be used as a result of the manner in which the attic or roof was constructed?
52			
53	<input type="checkbox"/>	<input type="checkbox"/>	13. Is the attic or house ventilated by: <input type="checkbox"/> a whole house fan? <input type="checkbox"/> an attic fan?
54	<input type="checkbox"/>	<input type="checkbox"/>	13a. Are you aware of any problems with the operation of such a fan?
55			14. In what manner is access to the attic space provided?
56			<input type="checkbox"/> staircase <input type="checkbox"/> pull down stairs <input type="checkbox"/> crawl space with aid of ladder or other device
57			<input type="checkbox"/> other _____
58			15. Explain any "yes" answers that you give in this section: _____
59			_____
60			_____
61			
62	TERMITES/WOOD DESTROYING INSECTS, DRY ROT, PESTS		
63	Yes	No	Unknown
64	<input type="checkbox"/>	<input type="checkbox"/>	16. Are you aware of any termites/wood destroying insects, dry rot, or pests affecting the Property?
65	<input type="checkbox"/>	<input type="checkbox"/>	17. Are you aware of any damage to the Property caused by termites/wood destroying insects, dry rot, or pests?
66			18. If "yes," has work been performed to repair the damage?
67	<input type="checkbox"/>	<input type="checkbox"/>	19. Is your Property under contract by a licensed pest control company? If "yes," state the name and address of the licensed pest control company: _____
68	<input type="checkbox"/>	<input type="checkbox"/>	_____
69			20. Are you aware of any termite/pest control inspections or treatments performed on the Property in the past?
70			21. Explain any "yes" answers that you give in this section: _____
71	<input type="checkbox"/>	<input type="checkbox"/>	_____
72			
73			
74			
75			
76			
77	STRUCTURAL ITEMS		
78	Yes	No	Unknown
79	<input type="checkbox"/>	<input type="checkbox"/>	22. Are you aware of any movement, shifting, or other problems with walls, floors, or foundations, including any restrictions on how any space, other than the attic or roof, may be used as a result of the manner in which it was constructed?
80			23. Are you aware if the Property or any of the structures on it have ever been damaged by fire, smoke, wind or flood?
81	<input type="checkbox"/>	<input type="checkbox"/>	24. Are you aware of any fire retardant plywood used in the construction?
82	<input type="checkbox"/>	<input type="checkbox"/>	25. Are you aware of any current or past problems with driveways, walkways, patios, sinkholes, or retaining walls on the Property?
83	<input type="checkbox"/>	<input type="checkbox"/>	26. Are you aware of any present or past efforts made to repair any problems with the items in this section?
84	<input type="checkbox"/>	<input type="checkbox"/>	27. Explain any "yes" answers that you give in this section. Please describe the location and nature of the problem: _____
85	<input type="checkbox"/>	<input type="checkbox"/>	_____
86			_____
87	<input type="checkbox"/>	<input type="checkbox"/>	
88			
89			
90			
91			
92			
93			
94	ADDITIONS/REMODELS		
95	Yes	No	Unknown
96	<input type="checkbox"/>	<input type="checkbox"/>	28. Are you aware of any additions, structural changes or other alterations to the structures on the Property made by any present or past owners?
97			29. Were the proper building permits and approvals obtained? Explain any "yes" answers you give in this section: _____
98	<input type="checkbox"/>	<input type="checkbox"/>	_____
99			_____
100			
101			
102			
103	PLUMBING, WATER AND SEWAGE		
104	Yes	No	Unknown
105			30. What is the source of your drinking water?
106			<input type="checkbox"/> Public <input type="checkbox"/> Community System <input type="checkbox"/> Well on Property <input type="checkbox"/> Other (explain) _____
107	<input type="checkbox"/>	<input type="checkbox"/>	31. If your drinking water source is not public, have you performed any tests on the water? If so, when? _____
108			Attach a copy of or describe the results: _____
109			_____
110			