

## SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

Property Address: \_\_\_\_\_

\_\_\_\_\_

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

- |                          |                          |      |                                                                                                                                                                                                 |
|--------------------------|--------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 8.   | Does the property have one or more sump pumps?                                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8a.  | Are there any problems with the operation of any sump pump?                                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 10.  | Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?<br><br>If "yes," describe the location, nature and date of the repairs: |
| <input type="checkbox"/> | <input type="checkbox"/> | 11.  | Are you aware of any cracks or bulges in the basement floor or foundation walls? If "yes," specify location.                                                                                    |
| <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?                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 13.  | Is the attic or house ventilated by:<br><br>_____ a whole house fan?<br><br>_____ an attic fan?                                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 13a. | Are you aware of any problems with the operation of such a fan?                                                                                                                                 |
|                          |                          | 14.  | In what manner is access to the attic space provided?<br><br>_____ staircase                                                                                                                    |

\_\_\_\_\_ pull down stairs  
\_\_\_\_\_ crawl space with aid of ladder or other device  
\_\_\_\_\_ other

15. Explain any “yes” answers that you give in this section:

#### TERMITES/WOOD DESTROYING INSECTS, DRY ROT, PESTS

Yes      No      Unknown

- |                          |                          |  |     |                                                                                                            |
|--------------------------|--------------------------|--|-----|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |  | 16. | Are you aware of any termites/wood destroying insects, dry rot, or pests affecting the property?           |
| <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? |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 18. | If “yes,” has work been performed to repair the damage?                                                    |
| <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:                                 |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 20. | Are you aware of any termite/pest control inspections or treatments performed on the property in the past? |
|                          |                          |  | 21. | Explain any “yes” answers that you give in this section:                                                   |

#### STRUCTURAL ITEMS

Yes      No      Unknown

- |                          |                          |  |     |                                                                                                                                                                                                                                              |
|--------------------------|--------------------------|--|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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? |
|--------------------------|--------------------------|--|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- |                          |                          |     |                                                                                                                                |
|--------------------------|--------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 23. | Are you aware if the property or any of the structures on it have ever been damaged by fire, smoke, wind or flood?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. | Are you aware of any fire retardant plywood used in the construction?                                                          |
| <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? |
| <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?                       |
|                          |                          | 27. | Explain any "yes" answers that you give in this section. Please describe the location and nature of the problem.               |

#### ADDITIONS/REMODELS

Yes      No      Unknown

- |                          |                          |     |                                                                                                                                               |
|--------------------------|--------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. | Were the proper building permits and approvals obtained? Explain any "yes" answers you give in this section:                                  |

#### PLUMBING, WATER AND SEWAGE

Yes      No      Unknown

- |                          |                                            |
|--------------------------|--------------------------------------------|
| 30.                      | What is the source of your drinking water? |
| <input type="checkbox"/> | Public                                     |
| <input type="checkbox"/> | Community System                           |
| <input type="checkbox"/> | Well on Property                           |
| <input type="checkbox"/> | Other (explain)                            |

- ☐ ☐ 31. If your drinking water source is not public, have you performed any tests on the water? If so, when?
- Attach a copy of or describe the results.
- ☐ ☐ ☐ 32. Does the wastewater from any clothes washer, dishwasher, or other appliance discharge to any location other than the sewer, septic, or other system that services the rest of the property?
- ☐ 33. When was well installed?
- Location of well?
- ☐ ☐ 34. Do you have a softener, filter, or other water purification system?
- ☐ Leased
- ☐ Owned
35. What is the type of sewage system?
- ☐ Public Sewer
- ☐ Private Sewer
- ☐ Septic System
- ☐ Cesspool
- Other (explain):
- ☐ ☐ 36. If you answered "septic system," have you ever had the system inspected to confirm that it is a true septic system and not a cesspool?
- ☐ 37. If Septic System, when was it installed?
- Location?

- ☐ 38. When was the Septic System or Cesspool last cleaned and/or serviced?
- ☐ ☐ 39. Are you aware of any abandoned Septic Systems or Cesspools on your property?
- ☐ ☐ 39a. If “yes,” is the closure in accordance with the municipality's ordinance? (explain):
- ☐ ☐ 40. Are you aware of any leaks, backups, or other problems relating to any of the plumbing systems and fixtures (including pipes, sinks, tubs and showers), or of any other water or sewage related problems? If “yes,” explain:
- ☐ ☐ 41. Are you aware of any shut off, disconnected, or abandoned wells, underground water or sewage tanks, or dry wells on the property?
- ☐ ☐ ☐ 42. Is either the private water or sewage system shared? If “yes,” explain:
43. Water Heater:
- ☐ Electric
- ☐ Fuel Oil
- ☐ Gas
- ☐ Age of Water Heater
- ☐ ☐ 43a. Are you aware of any problems with the water heater?
44. Explain any “yes” answers that you give in this section:

## HEATING AND AIR CONDITIONING

Yes    No    Unknown

45.    Type of Air Conditioning:

☐    Central one zone

☐    Central multiple zone

☐    Wall/Window Unit

☐    None

46.    List any areas of the house that are not air conditioned:

☐    47.    What is the age of Air Conditioning System?

48.    Type of heat:

☐    Electric

☐    Fuel Oil

☐    Natural Gas

☐    Propane

☐    Unheated

☐    Other

49.    What is the type of heating system? (for example, forced air, hot water or base board, radiator, steam heat)

50.    If it is a centralized heating system, is it one zone or multiple zones?

51.    Age of furnace

Date of last service:

- |                          |                          |                          |     |                                                                                                                  |
|--------------------------|--------------------------|--------------------------|-----|------------------------------------------------------------------------------------------------------------------|
|                          |                          |                          | 52. | List any areas of the house that are not heated:                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53. | Are you aware of any tanks on the property, either above or underground, used to store fuel or other substances? |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 54. | If tank is not in use, do you have a closure certificate?                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 55. | Are you aware of any problems with any items in this section? If "yes," explain:                                 |

#### WOODBURNING STOVE OR FIREPLACE

Yes      No      Unknown

- |                          |                          |                          |                          |                                                                                  |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 56.                      | Do you have                                                                      |
|                          |                          |                          | <input type="checkbox"/> | wood burning stove?                                                              |
|                          |                          |                          | <input type="checkbox"/> | fireplace?                                                                       |
|                          |                          |                          | <input type="checkbox"/> | insert?                                                                          |
|                          |                          |                          | <input type="checkbox"/> | other                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 56a.                     | Is it presently usable?                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57.                      | If you have a fireplace, when was the flue last cleaned?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57a.                     | Was the flue cleaned by a professional or non-professional?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 58.                      | Have you obtained any required permits for any such item?                        |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 59.                      | Are you aware of any problems with any of these items? If "yes," please explain: |

#### ELECTRICAL SYSTEM

Yes      No      Unknown

- |                          |     |                                           |
|--------------------------|-----|-------------------------------------------|
|                          | 60. | What type of wiring is in this structure? |
| <input type="checkbox"/> |     | Copper                                    |

|                                       |                          |                          |                                                                                                                      |
|---------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                       |                          | <input type="checkbox"/> | Aluminum                                                                                                             |
|                                       |                          | <input type="checkbox"/> | Other                                                                                                                |
|                                       |                          | <input type="checkbox"/> | Unknown                                                                                                              |
|                                       |                          | 61.                      | What amp service does the property have?                                                                             |
|                                       |                          | <input type="checkbox"/> | 60                                                                                                                   |
|                                       |                          | <input type="checkbox"/> | 100                                                                                                                  |
|                                       |                          | <input type="checkbox"/> | 150                                                                                                                  |
|                                       |                          | <input type="checkbox"/> | 200                                                                                                                  |
|                                       |                          | <input type="checkbox"/> | Other                                                                                                                |
|                                       |                          | <input type="checkbox"/> | Unknown                                                                                                              |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | 62. Does it have 240 volt service? Which are present                                                                 |
|                                       |                          | <input type="checkbox"/> | Circuit Breakers ,                                                                                                   |
|                                       |                          | <input type="checkbox"/> | Fuses or <input type="checkbox"/> Both?                                                                              |
| <input type="checkbox"/>              | <input type="checkbox"/> | 63.                      | Are you aware of any additions to the original service? If “yes,” were the additions done by a licensed electrician? |
|                                       |                          |                          | Name and address:                                                                                                    |
| <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | 64. If “yes,” were proper building permits and approvals obtained?                                                   |
| <input type="checkbox"/>              | <input type="checkbox"/> | 65.                      | Are you aware of any wall switches, light fixtures or electrical outlets in need of repair?                          |
|                                       |                          | 66.                      | Explain any “yes” answers you give in this section:                                                                  |
|                                       |                          |                          |                                                                                                                      |
| LAND (SOILS, DRAINAGE AND BOUNDARIES) |                          |                          |                                                                                                                      |
| Yes                                   | No                       | Unknown                  |                                                                                                                      |
| <input type="checkbox"/>              | <input type="checkbox"/> |                          | 67. Are you aware of any fill or expansive soil on the property?                                                     |
| <input type="checkbox"/>              | <input type="checkbox"/> |                          | 68. Are you aware of any past or present mining operations in the area in which the property is located?             |
| <input type="checkbox"/>              | <input type="checkbox"/> |                          | 69. Is the property located in a flood hazard zone?                                                                  |
| <input type="checkbox"/>              | <input type="checkbox"/> |                          | 70. Are you aware of any drainage or flood problems affecting the property?                                          |

- |                          |                          |                          |     |                                                                                                                                                                             |
|--------------------------|--------------------------|--------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 71. | Are there any areas on the property which are designated as protected wetlands?                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 72. | Are you aware of any encroachments, utility easements, boundary line disputes, or drainage or other easements affecting the property?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 73. | Are there any water retention basins on the property or the adjacent properties?                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 74. | Are you aware if any part of the property is being claimed by the State of New Jersey as land presently or formerly covered by tidal water (Riparian claim or lease grant)? |
|                          |                          |                          |     | Explain:                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 75. | Are you aware of any shared or common areas (for example, driveways, bridges, docks, walls, bulkheads, etc.) or maintenance agreements regarding the property?              |
|                          |                          |                          | 76. | Explain any "yes" answers to the preceding questions in this section:                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | 77. | Do you have a survey of the property?                                                                                                                                       |

#### ENVIRONMENTAL HAZARDS

Yes      No      Unknown

- |                          |                          |  |      |                                                                                                                                                                                                                                                                                                                               |
|--------------------------|--------------------------|--|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |  | 78.  | Have you received any written notification from any public agency or private concern informing you that the property is adversely affected, or may be adversely affected, by a condition that exists on a property in the vicinity of this property? If "yes," attach a copy of any such notice currently in your possession. |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 78a. | Are you aware of any condition that exists on any property in the vicinity which adversely affects, or has been identified as possibly adversely affecting, the quality or safety of the air, soil, water, and/or physical structures present on this property?                                                               |

If "yes," explain:

☐ ☐ 79. Are you aware of any underground storage tanks (UST) or toxic substances now or previously present on this property or adjacent property (structure or soil), such as polychlorinated biphenyl (PCB), solvents, hydraulic fluid, petro-chemicals, hazardous wastes, pesticides, chromium, thorium, lead or other hazardous substances in the soil? If “yes,” explain:

☐ ☐ 80. Are you aware if any underground storage tank has been tested? (Attach a copy of each test report or closure certificate if available).

☐ ☐ ☐ 81. Are you aware if the property has been tested for the presence of any other toxic substances, such as lead-based paint, urea-formaldehyde foam insulation, asbestos-containing materials, or others? (Attach copy of each test report if available).

82. If “yes” to any of the above, explain:

☐ ☐ 82a. If “yes” to any of the above, were any actions taken to correct the problem? Explain:

☐ ☐ ☐ 83. Is the property in a designated Airport Safety Zone?

DEED RESTRICTIONS, SPECIAL DESIGNATIONS, HOMEOWNERS  
ASSOCIATION/CONDOMINIUMS AND CO-OPS

Yes No Unknown

☐ ☐ 84. Are you aware if the property is subject to any deed restrictions or other limitations on how it may be used due to its being situated within a designated historic district, or a protected area like the New Jersey Pinelands, or its being

- subject to similar legal authorities other than typical local zoning ordinances?
- ☐ ☐ 85. Is the property part of a condominium or other common interest ownership plan?
- ☐ ☐ 85a. If so, is the property subject to any covenants, conditions, or restrictions as a result of its being part of a condominium or other form of common interest ownership?
- ☐ ☐ 86. As the owner of the property, are you required to belong to a condominium association or homeowners association, or other similar organization or property owners?
- ☐ ☐ 86a. If so, what is the Association's name and telephone number?
- ☐ ☐ ☐ 86b. If so, are there any dues or assessments involved? If "yes," how much?
- ☐ ☐ 87. Are you aware of any defect, damage, or problem with any common elements or common areas that materially affects the property?
- ☐ ☐ 88. Are you aware of any condition or claim which may result in an increase in assessments or fees?
- ☐ ☐ ☐ 89. Since you purchased the property, have there been any changes to the rules or by-laws of the Association that impact the property?
90. Explain any "yes" answers you give in this section:

#### MISCELLANEOUS

Yes No Unknown

- ☐ ☐ 91. Are you aware of any existing or threatened legal action affecting the property or any condominium or homeowners association to which you, as an owner, belong?

- ☐ ☐
92. Are you aware of any violations of Federal, State or local laws or regulations relating to this property?
- ☐ ☐
93. Are you aware of any zoning violations, encroachments on adjacent properties, non-conforming uses, or set-back violations relating to this property? If so, please state whether the condition is pre-existing non-conformance to present day zoning or a violation to zoning and/or land use laws.
- ☐ ☐
94. Are you aware of any public improvement, condominium or homeowner association assessments against the property that remain unpaid? Are you aware of any violations of zoning, housing, building, safety or fire ordinances that remain uncorrected?
- ☐ ☐ ☐
95. Are there mortgages, encumbrances or liens on this property?
- ☐ ☐
- 95a. Are you aware of any reason, including a defect in title, that would prevent you from conveying clear title?
- ☐ ☐
96. Are you aware of any material defects to the property, dwelling, or fixtures which are not disclosed elsewhere on this form? (A defect is "material," if a reasonable person would attach importance to its existence or non-existence in deciding whether or how to proceed in the transaction.) If "yes," explain:
- ☐ ☐
97. Other than water and sewer charges, utility and cable tv fees, your local property taxes, any special assessments and any association dues or membership fees, are there any other fees that you pay on an ongoing basis with respect to this property, such as garbage collection fees?
98. Explain any other "yes" answers you give in this section:

## RADON GAS

### Instructions to Owners

By law (N.J.S.A. 26:2D–73), a property owner who has had his or her property tested or treated for radon gas may require that information about such testing and treatment be kept confidential until the time that the owner and a buyer enter into a contract of sale, at which time a copy of the test results and evidence of any subsequent mitigation or treatment shall be provided to the buyer. The law also provides that owners may waive, in writing, this right of confidentiality. As the owner(s) of this property, do you wish to waive this right?

Yes      No

☐      ☐

(Initials)

(Initials)

If you responded “yes,” answer the following questions. If you responded “no,” proceed to the next section.

Yes      No      Unknown

- |                          |                          |       |                                                                                                                                                                                     |
|--------------------------|--------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 99.   | Are you aware if the property has been tested for radon gas?<br>(Attach a copy of each test report if available.)                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 100.  | Are you aware if the property has been treated in an effort to<br>mitigate the presence of radon gas? (If “yes,” attach a copy<br>of any evidence of such mitigation or treatment.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 101.  | Is radon remediation equipment now present in the<br>property?                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 101a. | If “yes,” is such equipment in good working order?                                                                                                                                  |

## MAJOR APPLANCES AND OTHER ITEMS

The terms of any final contract executed by the seller shall be controlling as to what appliances or other items, if any, shall be included in the sale of the property.

Which of the following items are present in the property? (For items that are not present, indicate “not applicable.”)

- | Yes                      | No                       | Unknown                  | Not<br>Applicable        |                                                                   |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | 102.      Electric Garage Door Opener                             |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | 102a.    If “yes,” are they reversible?<br>Number of Transmitters |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 103.      Smoke Detectors                                         |

|                          |                          |                          |                          |                                                                                                                                                   |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
|                          |                          |                          | <input type="checkbox"/> | Battery                                                                                                                                           |
|                          |                          |                          | <input type="checkbox"/> | Electric                                                                                                                                          |
|                          |                          |                          | <input type="checkbox"/> | Both                                                                                                                                              |
|                          |                          |                          |                          | How many                                                                                                                                          |
|                          |                          |                          | <input type="checkbox"/> | Carbon Monoxide Detectors                                                                                                                         |
|                          |                          |                          |                          | How many                                                                                                                                          |
|                          |                          |                          |                          | Location                                                                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 104.                     | With regard to the above items, are you aware that any item is not in working order?                                                              |
|                          |                          |                          | 104a.                    | If "yes," identify each item that is not in working order or defective and explain the nature of the problem:                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 105.                     | In-ground pool                                                                                                                                    |
|                          |                          |                          |                          | Above-ground pool                                                                                                                                 |
|                          |                          |                          |                          | Pool Heater                                                                                                                                       |
|                          |                          |                          |                          | Spa/Hot Tub                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 105a.                    | Were proper permits and approvals obtained?                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 105b.                    | Are you aware of any leaks or other defects with the filter or the walls or other structural or mechanical components of the pool or spa/hot tub? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 105c.                    | If an in-ground pool, are you aware of any water seeping behind the walls of the pool?                                                            |
|                          |                          |                          | 106.                     | Indicate which of the following may be included in the sale? (Indicate Y for yes N for no.)                                                       |

- ☐ Refrigerator
- ☐ Range
- ☐ Microwave Oven
- ☐ Dishwasher
- ☐ Trash Compactor
- ☐ Garbage Disposal
- ☐ In-Ground Sprinkler System
- ☐ Central Vacuum System
- ☐ Security System
- ☐ Washer
- ☐ Dryer
- ☐ Intercom
- ☐ Other

107. Of those that may be included, is each in working order? If “no,” identify each item not in working order, explain the nature of the problem:

## FLOOD RISK

Flood risks in New Jersey are growing due to the effects of climate change. Coastal and inland areas may experience significant flooding now and in the near future, including in places that were not previously known to flood. For example, by 2050, it is likely that sea-level rise will meet or exceed 2.1 feet above 2000 levels, placing over 40,000 New Jersey properties at risk of permanent coastal flooding. In addition, precipitation intensity in New Jersey is increasing at levels significantly above historic trends, placing inland properties at greater risk of flash flooding. These and other coastal and inland flood risks are expected to increase within the life of a typical mortgage originated in or after 2020.

To learn more about these impacts, including the flood risk to your property, visit [flooddisclosure.nj.gov](http://flooddisclosure.nj.gov). To learn more about how to prepare for a flood emergency, visit [nj.gov/njoem/plan-prepare/floods](http://nj.gov/njoem/plan-prepare/floods).

Yes      No      Unknown

☐      ☐      108. Is any or all of the property located wholly or partially in the Special Flood Hazard Area (“100-year floodplain”)

according to FEMA's current flood insurance rate maps for your area?

☐ ☐

109. Is any or all of the property located wholly or partially in a Moderate Risk Flood Hazard Area ("500-year floodplain") according to FEMA's current flood insurance rate maps for your area?

☐ ☐ ☐

110. Is the property subject to any requirement under federal law to obtain and maintain flood insurance on the property?

Properties in the special flood hazard area, also known as high risk flood zones, on FEMA's flood insurance rate maps with mortgages from federally regulated or insured lenders are required to obtain and maintain flood insurance. Even when not required, FEMA encourages property owners in high risk, moderate risk, and low risk flood zones to purchase flood insurance that covers the structure and the personal property within the structure. Also note that properties in coastal and riverine areas may be subject to increased risk of flooding over time due to projected sea level rise and increased extreme storms caused by climate change which may not be reflected in current flood insurance rate maps.

☐ ☐ ☐

111. Have you ever received assistance, or are you aware of any previous owners receiving assistance, from FEMA, the U.S. Small Business Administration, or any other federal disaster flood assistance for flood damage to the property?

For properties that have received federal disaster assistance, the requirement to obtain flood insurance passes down to all future owners. Failure to obtain and maintain flood insurance can result in an individual being ineligible for future assistance.

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112. Is there flood insurance on the property?

A standard homeowner's insurance policy typically does not cover flood damage. You are encouraged to examine your policy to determine whether you are covered.

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113. Is there a FEMA elevation certificate available for the property?

If so, the elevation certificate must be shared with the buyer. An elevation certificate is a FEMA form, completed by a licensed surveyor or engineer. The form provides critical information about the flood risk of the property and is used by flood insurance providers under the National Flood Insurance Program to help determine the appropriate flood insurance rating for the property. A buyer may be able to use the elevation certificate from a previous owner for their flood insurance policy.

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114. Have you ever filed a claim for flood damage to the property with any insurance provider, including the National Flood Insurance Program?

If the claim was approved, what was the amount received?

\_\_\_\_\_

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115. Has the property experienced any flood damage, water seepage, or pooled water due to a natural flood event, such as heavy rainfall, costal storm surge, tidal inundation, or river overflow?

If so, how many times?

\_\_\_\_\_

116. Explain any “yes” answers that you give in this section:

#### ACKNOWLEDGMENT OF SELLER

The undersigned Seller affirms that the information set forth in this Disclosure Statement is accurate and complete to the best of Seller's knowledge, but is not a warranty as to the condition of the Property. Seller hereby authorizes the real estate brokerage firm representing or assisting the seller to provide this Disclosure Statement to all prospective buyers of the Property, and to other real estate agents. Seller alone

is the source of all information contained in this statement. \*If the Seller relied upon any credible representations of another, the Seller should state the name(s) of the person(s) who made the representation(s) and describe the information that was relied upon.

SELLER:

DATE: \_\_\_\_\_

SELLER:

DATE: \_\_\_\_\_

EXECUTOR, ADMINISTRATOR, TRUSTEE

(If applicable)

The undersigned has never occupied the property and lacks the personal knowledge necessary to complete this Disclosure Statement.

DATE: \_\_\_\_\_

#### RECEIPT AND ACKNOWLEDGMENT BY PROSPECTIVE BUYER

The undersigned Prospective Buyer acknowledges receipt of this Disclosure Statement prior to signing a Contract of Sale pertaining to this Property. Prospective Buyer acknowledges that this Disclosure Statement is not a warranty by Seller and that it is Prospective Buyer's responsibility to satisfy himself or herself as to the condition of the Property. Prospective Buyer acknowledges that the Property may be inspected by qualified professionals, at Prospective Buyer's expense, to determine the actual condition of the Property. Prospective Buyer further acknowledges that this form is intended to provide information relating to the condition of the land, structures, major systems and amenities, if any, included in the sale. This form does not address local conditions which may affect a purchaser's use and enjoyment of the property such as noise, odors, traffic volume, etc. Prospective Buyer acknowledges that they may independently investigate such local conditions before entering into a binding contract to purchase the property. Prospective Buyer acknowledges that he or she understands that the visual inspection performed by the Seller's real estate broker/broker-salesperson/salesperson does not constitute a professional home inspection as performed by a licensed home inspector.

PROSPECTIVE BUYER: \_\_\_\_\_

DATE: \_\_\_\_\_

PROSPECTIVE BUYER: \_\_\_\_\_

DATE: \_\_\_\_\_

**ACKNOWLEDGMENT OF REAL ESTATE BROKER/BROKER–SALESPERSON/SALESPERSON**

The undersigned Seller's real estate broker/broker-salesperson/ salesperson acknowledges receipt of the Property Disclosure Statement form and that the information contained in the form was provided by the Seller.

The Seller's real estate broker/broker-salesperson/salesperson also confirms that he or she visually inspected the property with reasonable diligence to ascertain the accuracy of the information disclosed by the seller, prior to providing a copy of the property disclosure statement to the buyer.

The Prospective Buyer's real estate broker/broker-salesperson/ salesperson also acknowledges receipt of the Property Disclosure Statement form for the purpose of providing it to the Prospective Buyer.

SELLER'S REAL ESTATE BROKER/BROKER–SALESPERSON/SALESPERSON: \_\_\_\_\_

DATE: \_\_\_\_\_

PROSPECTIVE BUYER'S REAL ESTATE BROKER/BROKER–SALESPERSON/SALESPERSON:

\_\_\_\_\_

DATE: \_\_\_\_\_