

PROPERTY CONDITION REPORT

Concerning the property at: _____

OWNER IS TO COMPLETE THIS FORM TO THE BEST OF THE OWNER'S KNOWLEDGE. THIS FORM IS NOT A WARRANTY OF ANY KIND.

Section 1: The property has the items marked below. (mark Yes (Y), No (N), or Unknown (U).)

Item	Y	N	U	Additional Information
Central A/C				Electric Gas Heat Pump # of units:
Wall/Window AC Units				Number of units:
Evaporative Coolers				Number of units:
Central Heat				Electric Gas Heat Pump # of units:
Other Heat				If yes describe:
Fireplace & Chimney				wood burning ____ (no.) mock ____ (no.) other:
Gas Logs in Fireplace				
Ceiling Fans				Number of units:
Carport				Attached Not Attached
Garage				Attached Not Attached
Garage Door Openers				Number of Units:
Fences				Wood Chain-Link Other
Patio/Decking				Describe:
Outdoor Grill				Location:
Hot Tub/Spa				
Pool				In ground Above ground Heater: yes no
Underground Lawn Sprinkler				Automatic manual Areas Covered:
Septic/ On-Sight Sewer Facility				If yes, attach information
Water Heater				Electric Gas Other number of units
Water Softener				Owned Leased From: to
Washer/Dryer Hookups				Dryer hookups are gas electric
Washer				
Dryer				
Hot Tub				
Alarm System				Owned Leased From:
Smoke Detectors				Number of units
Carbon Dioxide				Number of units
Kitchen Equipment				Range-oven combo cooktop oven microwave dishwasher disposal hood fan trash compactor refrigerator other

Concerning the property at: _____

Section 2: Are you aware of any time, equipment, or system in or on the Property that needs repair?

Yes No Unknown If yes please explain: _____

Section 3: Are you aware of the following?

Y N

Owner's associations or maintenance fees or assessments. If yes, complete the following:

Name of the association: _____

Manager's name: _____

Address: _____ Phone: _____

Common Areas or facilities (pool, fitness area): _____

Are there any user fees for the common facilities? Yes No If yes, describe: _____

Name and contact information of any other association to which the Property is subject: _____

Any lawsuits or legal proceedings directly or indirectly affecting the property Any condition on the Property which materially affects the health and safety of an individual.

If the answer to any of the items in Section 3 is yes, explain: _____

Section 4: Other information

1. Water shut off valve is located at: _____

2. The type of roof on the property is: _____ Age: _____

3. Parking Space Number (if applicable): _____

4. Location and number of mailboxes: _____

5. Alarm codes, garage codes, access codes, gate codes, common facility codes: _____

6. Location of: Heating and Cooling Filters: _____ Filter Size: _____

Electrical Breakers: _____

Water shut off: _____ Gas shut off: _____

7. There are are not written warranties in effect for the Property or any appliances.

8. Do you allow pets? Yes No

9. Lawn responsibility? Owner Tenant HOA

Concerning the property at: _____

10. Provide the names and phone numbers of the current providers to the Property:

Company	Phone Number
Elec: IDAHO POWER	208-388-2200
Gas: INTERMOUNTAIN GAS	208-377-6870
Water & Sewer:	
Irrigation:	
Garbage:	
Pool Service:	
Alarm:	
Landscaping:	

Signature of Owner

Date