



Cambiar Real Estate Group LLC

# OWNER'S NOTICE CONCERNING CONDITION OF PROPERTY UNDER PROPERTY MANAGEMENT AGREEMENT

Concerning the property at \_\_\_\_\_  
Owner is to complete this form to the best of the owner's knowledge. This notice 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				<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> heat pump number of units:
Wall/Window AC Units				number of units:
Evaporative Coolers				number of units:
Central Heat				<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> heat pump number of units:
Other Heat				If yes, describe:
Fireplace & Chimney				<input type="checkbox"/> woodburning <input type="checkbox"/> mock <input type="checkbox"/> other (describe) _____
Gas Logs in Fireplace				
Ceiling Fans				number of units:
Carport				<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage				<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers				number of units: _____ number of remotes:
Fences				<input type="checkbox"/> wood <input type="checkbox"/> chain link <input type="checkbox"/> other (describe) _____
Patio/Decking				describe:
Outdoor Grill				location:
Hot Tub/Spa				
Pool				<input type="checkbox"/> in-ground <input type="checkbox"/> above-ground <input type="checkbox"/> heater
Underground Lawn Sprinkler				<input type="checkbox"/> automatic <input type="checkbox"/> manual areas covered:
Septic/On-Site Sewer Facility				if yes, attach information about on-site sewer facility (TAR-1407)
Water Heater				<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other
Water Softener				<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Washer/Dryer Hookups				Dryer hookups are <input type="checkbox"/> electric <input type="checkbox"/> gas
Washer				
Dryer				
Sauna				
Alarm System				<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Smoke Detectors				number of units:
Kitchen Equipment				<input type="checkbox"/> range-oven combo <input type="checkbox"/> cooktop <input type="checkbox"/> oven <input type="checkbox"/> microwave
				<input type="checkbox"/> dishwasher <input type="checkbox"/> disposal <input type="checkbox"/> hood fan <input type="checkbox"/> trash compactor
				<input type="checkbox"/> refrigerator <input type="checkbox"/> other:

## Section 2. Are you aware of any item, equipment, or system in or on the property that is in need of repair? Yes No If yes, please explain (attach additional sheets if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note: Unless instructed otherwise, items in this property will be repaired in accordance with the repair provisions in the lease that the Broker negotiates for the Owner.*

Concerning the property at \_\_\_\_\_

**Section 3. Are you aware of any of the following?**

**Y N**

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

Name of association: \_\_\_\_\_

Manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Describe the common areas of facilities (pool, tennis courts, green spaces, ect.): \_\_\_\_\_

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 notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the property.

Any lawsuits or other legal proceedings directly or indirectly affecting the property.

Any condition on the property which materially affects the health or safety of an individual.

If the answer to any of the items in Section 3 is yes, please explain (attach additional sheets if necessary):

\_\_\_\_\_

\_\_\_\_\_

**Section 4. Other Information.**

(1) Water to the property is supplied by:  city  MUD  co-op  well (location: \_\_\_\_\_ )

(2) The type of roof on the property is:  composition shingle  wood shingle  flat (tar & gravel)  metal  
 other \_\_\_\_\_ Approx age: \_\_\_\_\_

(3) If the property is a condominium or townhome, describe parking spaces (numbers if assigned, location)

\_\_\_\_\_

(4) Describe the location and number of the mailbox: \_\_\_\_\_

**(5) Provide any alarm codes, garage door codes, access codes, gate codes, common facilities codes:**

\_\_\_\_\_

(6) Describe the location of:

Heating & cooling filters: \_\_\_\_\_ filter size: \_\_\_\_\_

Electrical breakers: \_\_\_\_\_

Water shut-off valve: \_\_\_\_\_ Gas shut-off valve: \_\_\_\_\_

(7) There  are  are not written warranties in effect for the property or any appliances. Attach copies.

(8) Provide the names and phone numbers of the current providers to the property:

Electricity: \_\_\_\_\_ Phone: \_\_\_\_\_

Gas: \_\_\_\_\_ Phone: \_\_\_\_\_

Water & Sewer: \_\_\_\_\_ Phone: \_\_\_\_\_

Telephone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cable: \_\_\_\_\_ Phone: \_\_\_\_\_

Garbage: \_\_\_\_\_ Phone: \_\_\_\_\_

Pool Service: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm: \_\_\_\_\_ Phone: \_\_\_\_\_

Lawn & Landscaping: \_\_\_\_\_ Phone: \_\_\_\_\_

(9) Trash pickup is on (day of the week): \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

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