

PROPERTY CONDITION STATEMENT

Please Note: This form should not be taken as a substitute for getting expert advice or making your own enquiries. This Property Condition Statement is being made by the Seller(s) named below in their capacity or capacities as the owner(s) of the property and they have owned the property since approximately _____; OR This Property Condition Statement is being made by the Seller(s) named below in his/her capacity as the legal representative(s) of the owner(s) of the property.

While the Seller(s) are responsible for providing accurate and truthful responses to the best of their ability, they do not have perfect knowledge regarding the property, nor are they professional property inspectors. The Buyer(s) therefore acknowledge that the responses have been supplied on a "best efforts" basis to assist the Buyer(s) with helpful information regarding the property. Both the Seller(s) and the Buyer(s) understand and agree that neither they nor their representatives warrant or guarantee the information on the Property, and that this Property Condition Statement will not form part of the contract for Purchase and Sale unless so agreed in writing by the Seller(s) and Buyer(s).

Instructions to Seller(s): Provide accurate and complete responses to each question to the best of your knowledge. Where uncertain regarding an answer reply "Do Not Know". However, do not answer "Do Not Know" or "Not Applicable" if in fact you do know the answer. Your answers should provide all relevant known information to the Buyer(s). In deciding what requires disclosure, the Seller(s) should consider whether they would want the information if they were a potential buyer of the property. Complete the Property Condition Statement in your own writing to avoid any misunderstanding.

Instructions to Buyer(s): Make your own inquiries after receiving this Property Condition Statement. Consider the overall importance of each question and answer, keeping in mind that the Seller(s) knowledge of the Property may be incomplete. Request additional clarification from the Seller(s) or confirming information regarding a matter from an independent source such as the Municipality. It is always prudent to hire a qualified, independent inspector to examine the property to determine whether defects exist and to provide details of the cost of repairing problems that have been identified on the

Property Condition Statement or an inspection report. Personally inspect every item to the best of your ability prior to closing your purchase.

Seller's Name _____ Date of Statement Preparation _____

Property Address _____

The Seller should Select the Appropriate Replies: **YES NO Don't Know Doesn't Apply**

ADDITIONAL COMMENTS AND EXPLANATIONS SHOULD BE PROVIDED AT THE END OF THIS FORM IN THE APPROPRIATE SECTION				
A.GENERAL				
	YES	NO	Don't Know	Doesn't Apply
1. Does the subject property comply with the zoning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A. Is the property subject to a right of first refusal, option, lease or rental agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are you aware of any limitation with the Property such as restrictive or protective covenants, easements and rights-of-way (registered or un-registered), shared wells, driveway agreements, encroachments on or by adjoining properties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are there any written agreements or documentation dealing with the above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a Surveyor's Real Property Report? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you aware of or have you been charged any local improvement levies/charges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you received any other notice or claims affecting the property from any person or public body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any applications for rezoning in your area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. A. Are you aware of any transferrable warranties currently in force for the property, appliances or other components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is there any documentation dealing with the above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the property in an area designated as Heritage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the sale of this property be subject to HST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. UTILITIES & OPERATING SYSTEMS				
1. What is your water source? <input type="checkbox"/> Municipal <input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Spring <input type="checkbox"/> Community <input type="checkbox"/> Other _____				
2. Are you aware of any problems re:				
	YES	NO	Don't Know	Doesn't Apply
A. Quality of well water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Quantity of well water? (Gallons per minute if known: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Approximate year of pump installation? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is there a well certificate available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any water treatment devices?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A. What kind of sewage disposal system services the property? <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Other _____				
B. Are there any problems with the plumbing or sewage disposal system?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is there a septic system certificate available?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A. What is the amperage of the electrical system entrance? (_____ Amps)				
B. Are you aware of any problems with the electrical system?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. A. What is your heating system? <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Solar <input type="checkbox"/> Combination				
B. If oil, approximate year tank was installed _____				
C. Are you aware of any problems with the heating or central air conditioning system, including leaks from the lines or tank?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To your knowledge has there ever been an inspection of the:				
	YES	NO	Don't Know	Doesn't Apply
A. Woodstove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BY Whom _____ Date _____				
B. Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BY Whom _____ Date _____				
C. Fireplace Insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BY Whom _____ Date _____				
D. Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BY Whom _____ Date _____				
8. Are the following In working order?				
	YES	NO	Don't Know	Doesn't Apply
A. Woodstove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Fireplace Insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you aware of any problems with any built-in appliances?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there any leased or rental equipment such as hot water heaters, furnaces, water purifiers, security systems, etc.? If yes, provide details here _____				
11. Are there any current service contracts e.g. maintenance (pool, septic, lawn, etc.)?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you aware of any problems with the swimming pool, hot tub or whirlpool bathtub?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. STRUCTURAL				
	YES	NO	Don't Know	Doesn't Apply
1. Are you aware of any structural problems with the premises or other buildings on the property, including the foundation?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the exterior walls insulated?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the ceilings insulated?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the basement walls insulated?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does/has the building(s) ever contained asbestos insulation and/or urea formaldehyde insulation?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. A. Have you made any renovations additions or improvements to the property?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Was a building permit obtained?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware of any moisture and/or water problems In the basement or crawl space?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. A. Are you aware of any roof leakage or unrepaired damage (roof, walls, doors, windows)?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Approximate year roofing shingles installed _____				
9. Are you aware of any damage due to wind, water, insects, rodents, pets or wood rot?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you aware if the premises or property have been used as a marijuana grow operation or to manufacture illegal drugs?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you aware of any defect that renders the property dangerous or potentially dangerous to the occupants or unfit for habitation?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. ENVIRONMENTAL	YES	NO	Don't Know	Doesn't Apply
1. Has any hazardous material been stored on the property? (oil tanks etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any environmental problems or soil contamination of any kind on your property or in the immediate area? If yes see comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any pending real estate developments or projects in the neighbourhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the lot subject to flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the property under the jurisdiction of any Conservation or Regulator Authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of any lead pipe on premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware of any environmental problems or soil contamination of any kind on this property or in the immediate area such as toxic waste, gasoline, fuel tanks, mould, asbestos, radon gas, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. STRATA UNIT (TOWNHOUSE/CONDOMINIUM ETC.)	YES	NO	Don't Know	Doesn't Apply
1. Are you aware of any special assessments voted or proposed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any pending rule or by-law amendments which may alter the use of the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any restrictions? (pets, children, or rentals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Parking: Number of spaces _____ <input type="checkbox"/> Owned <input type="checkbox"/> Exclusive Use <input type="checkbox"/> Leased or licensed				
5. Storage <input type="checkbox"/> Owned <input type="checkbox"/> Exclusive Use <input type="checkbox"/> Leased or licensed				
6. Nature of Interest / Ownership <input type="checkbox"/> Freehold <input type="checkbox"/> Time Share <input type="checkbox"/> Leasehold <input type="checkbox"/> Undivided <input type="checkbox"/> Bare Land <input type="checkbox"/> Co-operative				
7. Name of Management Company _____ Name of Manager _____ Telephone _____ Address _____				
ADDITIONAL COMMENTS AND / OR EXPLANATIONS: (USE ADDITIONAL PAGES IF NECESSARY)				
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>The Seller(s) states 1) that the information provided is true, based on the Seller(s) current actual knowledge as of the date on page one 2) any important changes to this information made known to the Seller(s) will be disclosed by the Seller(s) to the Buyer(s) prior to the closing and 3) a copy of this completed Property Condition Statement may be delivered to the Buyer(s) and / or their representative(s)..</p>				
SELLER: _____		SELLER: _____		
<p>The Buyer(s) acknowledges :</p> <p>1) he/she has received, read and understood a signed copy of this Property Condition Statement on (date) _____</p> <p>2) that the information provided herein is not warranted and as a prudent buyer(s) he/she will use this Property Condition Statement as the starting point for their own enquiries and</p> <p>3) that he/she has or will personally inspect the property, while reserving the right to have the property professionally inspected at their expense, prior to closing.</p>				
BUYER: _____		BUYER: _____		