

DC Department of Real Estate Services

RESIDENTIAL PROPERTY ACQUISITION FORM

NAME, ADDRESS AND TELEPHONE NUMBER OF OFFEROR

NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER (IF DIFFERENT THAN OFFEROR)

PROPERTY ADDRESS (including Square and Lot)

PROPOSED SALES PRICE: \$

BASIS FOR PROPOSED SALE PRICE:

IS THE PROPERTY INCLUDED IN A HOMEOWNERS ASSOCIATION WITH MANDATORY PARTICIPATION AND FEE? YES [] NO []

The seller(s) completing this form have owned the property from to

SINGLE - FAMILY PROPERTIES

TYPE OF BUILDING CONSTRUCTION:

RENOVATED YES [] NO [] NEW YES [] NO [] AGE OF PROPERTY ATTACHED TOWNHOME YES [] NO [] DETACHED YES [] NO [] NUMBER OF BEDROOMS

MULTI-FAMILY PROPERTIES

NUMBER OF UNITS IN BUILDING

PLEASE SPECIFY THE NUMBER OF UNITS HAVING THE FOLLOWING NUMBER OF BEDROOMS

1BR/sq ft 2BR/sq ft 3BR/sq ft 4BR/sq ft

PLEASE SPECIFY THE NUMBER OF UNITS HAVING THE FOLLOWING NUMBER OF BATHROOMS.

1Ba 2Ba 3Ba 1/2 Ba

ARE UNITS OFFERED SEPARATELY METERED? YES [] NO []

STRUCTURAL CONDITIONS

DOES THE SELLER HAVE ACTUAL KNOWLEDGE OF ANY
CURRENT LEAKS OR EVIDENCE OF MOISTURE FROM ROOF?

YES NO

If yes
comments: _____

FIREPLACE/CHIMNEY(s)

DOES THE SELLER HAVE ACTUAL KNOWLEDGE OF
ANY DEFECTS IN THE WORKING ORDER OF THE FIREPLACES

YES NO

If yes
Comments: _____

DOES THE SELLER KNOW WHEN THE CHIMNEY(S)
AND/OR FLUE WERE LAST INSPECTED AND/OR SERVICED

YES NO

LAST SERVICED?

If yes
Comments: _____

BASEMENT

DOES THE SELLER HAVE ACTUAL KNOWLEDGE OF ANY
CURRENT LEAKS OR EVIDENCE OF MOISTURE IN THE BASEMENT?

YES NO

If yes
Comments: _____

DOES THE SELLER HAVE ACTUAL KNOWLEDGE
OF ANY STRUCTURAL DEFECTS IN THE FOUNDATION?

YES NO

If yes
Comments: _____

WALLS AND FLOORS

DOES THE SELLER HAVE ACTUAL KNOWLEDGE OF ANY
STRUCTURAL DEFECTS IN WALLS OR FLOORS?

YES NO

If yes
Comments: _____

WINDOWS

DOES THE SELLER HAVE ACTUAL KNOWLEDGE
OF ANY WINDOWS NOT IN NORMAL WORKING ORDER

YES NO

If yes
Comments: _____

OPERATING CONDITION OF PROPERTY SYSTEMS

HEATING SYSTEM

HVAC _____

TYPE OF SYSTEM: FORCED AIR YES NO RADIATOR HEAT YES NO PUMP YES NO

ELECTRIC: BASEBOARD YES NO OTHER _____

HEATING FUEL: NATURAL GAS YES NO ELECTRIC YES NO OIL YES NO

AGE OF SYSTEMS: 0-5 YEARS YES NO 10-15 YEARS YES NO UNKNOWN _____

DOES THE SELLER HAVE ACTUAL KNOWLEDGE THAT HEAT IS NOT SUPPLIED TO ANY FINISHED ROOMS? YES NO

If yes
Comments: _____

Does the seller have actual knowledge of any defects in the heating system? YES NO

If yes
Comments: _____

DOES THE HEATING SYSTEM INCLUDE: HUMIDIFIER YES NO UNKNOWN YES NO
ELETCTONIC AIR FILTER YES NO UNKNOWN YES NO

AIR CONDITIONING SYSTEM:

TYPE OF SYSTEM: CENTRAL AC YES NO HEAT PUMP YES NO WINDOW/WALL UNITS YES NO

AGE OF SYSTEM: 0-5 YEARS YES NO 5-10 YEARS YES NO 10-15 YEARS YES NO UNKNOWN

IF CENTRAL AC, DO THE SELLER HAVE ACTUAL KNOWLEDGE THAT COOLING IS NOT SUPPLIED TO ANY FINISHED ROOMS? YES NO

If yes
Comments: _____

DOES THE SELLER HAVE ACTUAL KNOWLEDGE OF ANY PROBLEMS OR DEFECTS IN THE COOLING SYSTEM? YES NO UNKNOWN

If yes
Comments: _____

EXTERIOR-ENVIRONMENTAL ISSUES

EXTERIOR/ENVIRONMENTAL ISSUES:

EXTERIOR DRAINAGE

DOES THE SELLER HAVE ACTUAL KNOWLEDGE OF ANY PROBLEM WITH DRAINAGE ON THE PROPERTY?

YES NO UNKNOWN

If Yes
Comments: _____

DAMAGE TO PROPERTY

DOES THE SELLER HAVE ACTUAL KNOWLEDGE WHETHER THE PROPERTY HAS PREVIOUSLY BEEN DAMAGED BY?

YES NO UNKNOWN

FIRE YES NO

FLOODING YES NO

If Yes
comments: _____

DOES THE SELLER HAVE ACTUAL KNOWLEDGE OF ANY SUBSTANCES, MATERIALS OR ENVIRONMENTAL HAZARDS (INCLUDING BUT NOT LIMITED TO ASBESTOES, RADON GAS, LEAD BASED PAINT, UNDERGROUND STORAGE TANKS, CONTAMINATED SOIL, OR OTHER CONTAMINATION) ON OR AFFECTING THE PROPERTY?

YES NO

If yes
Comments: _____

DOES THE SELLER HAVE ACTUAL KNOWLEDGE OF ANY ZONING VIOLATIONS, NONCONFORMING USES, VIOLATION OF BUILDING RESTRICTIONS OR SET BACK REQUIREMENTS, OR ANY RECORDED OR UNRECORDED EASEMENT, EXCEPT FOR UTILITIES, ON OR AFFECTING THE PROPERTY?

YES NO

If yes
Comments: _____

DOES THE SELLER HAVE ACTUAL KNOWLEDGE THAT THIS PROPERTY IS A DC LANDMARK INCLUDED IN A DESIGNATED HISTORIC DISTRICT OR IS DESIGNATED A HISTORIC PROPERTY?

YES NO

If yes
Comments: _____

HAS THE PROPERTY BEEN CITED FOR A VIOLATION OF ANY HISTORIC PRESERVATION LAW OR REGULATION DURNING YOUR OWNERSHIP?

YES NO

If yes
Comments: _____

EQUIPMENT, MAINTENANCE AND CONDITON SELLER WARRANTS THAT, EXCEPT AS OTHERWISE PROVIDED, THE EXISTING APPLIANCES, HEATING, COOLING, PLUMBING, ELECTRICAL SYSTEMS AND EQUIPMENT, AND SMOKE AND HEAT DETECTORS (AS REQUIRED), WILL BE IN NORMAL WORKING ORDER.

UTILITIES – WATER, HETING AND CENTRAL AIR CONDITIONING (CHECK ALL THAT APPLY)

HOT WATER:	OIL <input type="checkbox"/>	GAS <input type="checkbox"/>	ELECTRIC <input type="checkbox"/>	OTHER <input type="checkbox"/>	
AIR COND. ZONES	OIL <input type="checkbox"/>	CAS <input type="checkbox"/>	ELECTRIC <input type="checkbox"/>	HEAT PUMP <input type="checkbox"/>	OTHER <input type="checkbox"/>
HEATING: ZONES	OIL <input type="checkbox"/>	GAS <input type="checkbox"/>	ELECTRIC <input type="checkbox"/>	HEAT PUMP <input type="checkbox"/>	OTHER <input type="checkbox"/>

CHECK THE ITEMS THAT ARE CURRENTLY INSTALLED OR OFFERED:

ALARM SYSTEM	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FURNACE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FREEZER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HUMIDIFIER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CEILING FAN	YES <input type="checkbox"/>	NO <input type="checkbox"/>
STOVE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CENTRAL VACUUM	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DRYER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WALL OVEN	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WINDOW A/C UNIT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FAN	YES <input type="checkbox"/>	NO <input type="checkbox"/>
AIR FILTER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
STOVE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
TRASH COMPACTOR	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CLOTHES WASHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DISHWASHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DISPOSER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
REFRIGERATOR	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CLOTHES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
COOKTOP	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WINDOWS	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ELECTRONIC

YES NO

WOOD

YES NO