



ADDITIONAL PROPERTY INFORMATION

Address: _____

Age of Roof: _____ Roof Installer: _____

Age of HVAC: _____ Age of Water Heater: _____

Heater: Gas Electric AC: Gas Electric Water Heater: Gas Electric
Sewer Septic If Septic, last time pumped: _____

Average Bills:

Electric: Summer \$ _____ Winter \$ _____

Provider Name _____

Water: Summer \$ _____ Winter \$ _____

Provider Name: _____

Gas: Summer \$ _____ Winter \$ _____

Provider Name: _____

Cable: Monthly \$ _____

Provider Name _____

Internet: Monthly \$ _____

Provider Name: _____

Sanitation: Monthly \$ _____

Provider Name: _____

Sprinkler System:

NA: Well Pump: City Water:

Termite Bond:

Transferable NA: Yes: No:

Solar Panels:

NA: Yes: No:

Fireplace:

Wood Burning: Gas: Electric: None:

Appliances:

Make

MF Date

Conveys

Dishwasher: _____

Refrigerator: _____

Yes No

Stove: _____

Wall Oven: _____

Cooktop: _____

Microwave: _____

Yes No

Washer/Dryer: _____

Yes No

Garbage Disposal: _____

Auto Garage Door Opener: Working: Yes No Remotes: Yes No

Pool:

Yes No Freshwater (Chlorine) Saltwater

Gunite Liner

If liner, date installed: _____ Company: _____

HOA:

HOA Fees: \$ _____ Per Month Per Year Per Quarter

Fees Cover: _____

Other: _____