



Charter Township of Van Buren

ASSESSING DEPARTMENT

46425 Tyler Road, Van Buren Township, MI 48111-5217

(734) 699.8946 • Fax (734) 699.8952

Sales Disclosure Form

CONFIDENTIAL

Property Owner: _____ Parcel ID: 83- _____ - _____ - _____ - _____

Property Address: _____

In order to determine if a sale of a property can be used in our sales study, we have a few critical questions regarding the sale and condition of the property. Please assist us by completing this questionnaire and returning it to us within ten (10) days using the envelope provided.

SALE INFORMATION

Date of Sale: _____ Sale Price: \$ _____ Amount Financed: \$ _____

Financing: Cash Land Contract Conventional FHA VA Other: _____

Was the property a short sale? Yes No Was the property a relocation sale? Yes No

Was there an appraisal done for the property? Yes No

If yes, what was the appraised value? \$ _____

At time of sale, was the property: Occupied by owner Rental Property Vacant

Will this property be your primary residence? Yes No

If no, what is the intended use of this property? _____

Did the sale include personal property? Yes No If yes, list items and estimated cost of items.

Did these items influence the sale prices? Yes No

CONDITION OF THE PROPERTY AT TIME OF SALE

Roof: ___ Good Condition ___ Needs Replacement ___ Needs Repair

Windows: ___ Good Condition ___ Needs Replacement

Mold: ___ Yes ___ No If yes, location and severity of problem: _____

Water Damage: ___ None ___ Minor Damage ___ Major Damage

Water Evidence

in Basement: ___ Yes ___ No If yes, severity of problem: _____

Drywall: ___ Good Condition ___ Needs Repair—list: _____

Lighting Fixtures: ___ Good Condition ___ Some Missing ___ All Missing

Kitchen Cabinets: ___ Good Condition ___ Needs Replacement ___ Needs Repair ___ Missing

Furnace: ___ Good Condition ___ Needs Repairs ___ Missing

Central Air: ___ Good Condition ___ Needs Repairs ___ No Central Air

Well: ___ Good Condition ___ Needs Replacement ___ Needs Repair ___ Not Applicable

Septic: ___ Good Condition ___ Needs Replacement ___ Needs Repair ___ Not Applicable

Carpeting: ___ Good Condition ___ Needs Replacement ___ Needs Cleaning

Hardwood Floors: ___ Good Condition ___ Needs Replacement ___ Needs Recondition

Vinyl/Tile Floors: ___ Good Condition ___ Needs Replacement

Plumbing Fixtures: ___ Good Condition ___ Needs Replacement ___ Needs Repair

Painting: ___ Good Condition ___ Needs Painting

GENERAL QUESTIONS

of Bedrooms: ___ **# of Full Baths:** ___ **# of Half Baths:** ___

Basement Area Finished: ___ Yes ___ No **Percent or Sq. Ft. Finished Area:** _____

Walkout Basement: ___ Yes ___ No **Number of Fireplaces:** _____

CERTIFICATION: I hereby declare that the information above is a complete and true Statement to the best of my knowledge as to the terms and conditions of the property at the time of sale.

Owner Signature: _____ **Date:** _____

Daytime Telephone Number: _____