

Sales Verification Form

Property Owner: _____ Parcel ID: 4711 - _____

Property Address: _____

Telephone Number: _____ Alternate Telephone Number: _____

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 you purchased. Please assist us by completing this questionnaire and returning it to us within ten (10) days.

An appraiser from our office will visit your property to verify property record data, photograph and measure the improvements. If you have any questions, please call (810) 227-5225.

SALE INFORMATION

Date of Sale ____/____/____ Sale Price \$_____ Amount Financed \$_____

Financing: Cash Land Contract Conventional FHA VA Other: _____

If Land Contract: Term _____ Yrs. Down Payment \$_____ Interest Rate % _____

Was the property sold as a:

Short Sale? No Yes Relocation Sale? No Yes Bank Sale? No Yes

Family Sale No Yes Relationship _____

Did the sale include any personal property? No Yes

If yes, did these items influence the sale price? No Yes

If yes, list items and any value assigned to the items. \$_____

Was there an Appraisal Report prepared for the property? No Yes

If yes, what was the appraised value? _____

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

Do you own adjacent property or did you purchase adjacent property with this sale? No Yes

Will this property be your primary residence? No Yes

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

→ Please continue on Reverse

GENERAL QUESTIONS

Year Built _____ **Number of Bedrooms:** _____ **Full Baths:** _____ **Half Baths:** _____

Number of Fireplaces: _____ **Walkout Basement:** No Yes **Whole Home Generator:** No Yes

Basement Finished: No Yes **Estimate of Finished Basement Area (% or SQFT):** _____

Basement Type if not Walkout: Egress Daylight Walkup (Bilco Doors) Block Window N/A

Finished Living Area or Storage Above the Garage: No Yes N/A **Estimate (% or SQFT):** _____

Heat Source: Forced Air Baseboard Radiant Heat Pump Geothermal Other _____

Central Air: No Yes **Driveway:** Concrete Asphalt Gravel

List Any/ All Recent Updating: _____

Updated By You: No Yes **By Previous Owner:** No Yes

CONDITION OF THE PROPERTY AT TIME OF SALE

Please base your answers on your thoughts/knowledge of the condition on the day you purchased the property.

Roof: Good Condition Needs Repair Needs Replacement

Windows: Good Condition Needs Repair Needs Replacement

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

Water Damage: No Yes If yes, location water damage and severity: _____

Evidence of Water In Basement: No Yes If yes, Severity of problem: _____

Drywall: Good Condition Needs **MAJOR** Repairs Needs **MINOR** Repairs

Lighting Fixtures: Good Condition Some Missing All Missing

Kitchen Cabinets: Good Condition Needs Replacement/Missing Needs Repair

Furnace: Good Condition Needs Replacement/Missing Needs Repair

Water Heater: Good Condition Needs Replacement/Missing Needs Repair

Well: Good Condition Needs Replacement Needs Repair N/A

Septic: Good Condition Needs Replacement Needs Repair N/A

Flooring: Good Condition Needs Replacement Needs Cleaning

Plumbing Fixtures: Good Condition Needs Replacement/Missing Needs Repair

OVERALL CONDITION at the Time of Purchase: GOOD AVERAGE POOR

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 condition of the property at time of sale. In signing this document, I am permitting an official representative of Genoa Charter Township to do on-site inspections of the above-mentioned parcel(s).

Owner Signature: _____ **Date:** _____