### CRAIG A. STANFIELD REAL ESTATE & AUCTION SERVICES

Craig A. Stanfield Real Estate Broker & Auctioneer
2126 W. KY 10, TOLLESBORO, KY 41189-9726
PHONE (606) 798-2009, MOBILE (606) 301-3350
E-mail: info@stanfieldproperty.com; Website: www.stanfieldproperty.com
EQUAL HOUSING OPPORTUNITY REAL ESTATE BROKERAGE FIRM

## EXCLUSIVE RIGHT TO SELL REAL ESTATE LISTING AGREEMENT

	CLUSIVE RIGHT TO	SELL REAL ESTATE LIS	TING AGREEMENT	
thereof, hereby giv	e unto the said real estate	ned by the undersigned agent, losseles agent, the exclusive righ Mon the 6th day of Nov., 202		nts
			ibed real estate/property (or any	nort
	or any price that I/we mi	gnt accept, the following descr	ibed real estate/property (or any	part
hereof) to wit:				
700 RIVERSIE	DE DRIVE, WURTLAND, GRE	ENUP CO., KY being the same pro	perty conveyed to Rachel Howard	
			d the 13th day of April, 2021, said	
		, Greenup County Court Clerk		
Property to Howell of Prin		irm to permit home to be listed	with MLS (likely Candace	
The owner/seller of t	the real estate listed herein acknowledge	owledge that they have have been provid	ed with a copy of Ketucky's Fair Housing !	Law and
comply with the provisi		ent/brokerage but themselves in the ma	rketing and sale of real estate "property"	must
numerous types of so property's availability require that all adverti Emblem (these are mi illegal. The seller agre behalf, that he will con the event that such ma	cial media available to the pub on various websites or other s sing include the name of the a nimum requirements). In addit es that, in the event that he do mply with all legal requiremen	olic at large, the agent is aware that a social media. As such, the KY Real E agency/agent, contact information for ion, no comments may be made that be advertise or promote the propert to in promotion of the real estate off	pent. HOWEVER, in this modern era, we property owner may want to advertise state Commission has strict regulation the agency/agent, and the Equal Hous are not truthful or are inflammatory only for sale, or has others do such on his ered for sale and hold the agent harmle Commission including any fines or less that the sale and hold the agent harmles.	e the ns that sing r s
the property is disp	posed of during the existe	ence of this agreement or within	e and pay said agent a commiss 30 days following the termination	ion if on of
this agreement to a	any purchaser or purchase	er's agent to whom it may have	been submitted prior to the	/F /F\
termination of this	agreement. I/We agree to	pay the undersigned real estate	e brokerage a commission of <u>FIV</u> aid in cash at time of closing of s	E (5)
PERCENI of the to	ital amount of the gross so	ales price, commission to be pa operty. Owners hereby ascertai	n that any listing agreements her	eto
previously signed	with other real estate sale	s agencies have either expired	or have been previously release	d.
Erecting a "FOR SA	ALE" sign and the remova	al of other signs is hereby author	orized. The listing agency cooper	ates
with all other real	estate brokerages in the co	onventional sale of real estate.		
Jordan HUNT	date/time	Rachel HUNT	date/time	
Craig A. Stanfield F	Real Estate Broker date/time	- )		
<u>.</u>				
CONTACT INFODI	MATION: (places complete	1. Name address phone numb	ore e-mail addresses	

#### Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

#### **Lead Warning Statement**

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Sel	ler's Discl	osure		
(a)	Presence	of lead-based paint and/or lead-based	ased paint hazards (check (i)	or (ii) below):
	(i)	Known lead-based paint and/or le (explain).	ead-based paint hazards are	present in the housing
		Seller has no knowledge of lead-b		 I paint hazards in the housing
(b)		and reports available to the seller (		
	(i)	Seller has provided the purchaser based paint and/or lead-based pa		
	(ii)	Seller has no reports or records phazards in the housing.	ertaining to lead-based paint	and/or lead-based paint
Pu	rchaser's A	Acknowledgment (initial)		
(c)		Purchaser has received copies of	all information listed above.	
(d)		Purchaser has received the pamp	nlet <i>Protect Your Family from L</i>	ead in Your Home.
(e)	Purchase	r has (check (i) or (ii) below):		
	(i)	received a 10-day opportunity (or ment or inspection for the present		
	(ii)	waived the opportunity to conducted lead-based paint and/or lead-based		ction for the presence of
Ag	ent's Ackn	nowledgment (initial)		
(f)		Agent has informed the seller of taware of his/her responsibility to		42 U.S.C. 4852d and is
Cei	rtification	of Accuracy		
		parties have reviewed the information ley have provided is true and accurate		of their knowledge, that the
Sel	ler	Date	Seller	Date
Pur	chaser	Date	Purchaser	Date
Age	ent	Date	Agent	Date



#### **KENTUCKY REAL ESTATE COMMISSION**

Public Protection Cabinet Mayo-Underwood Building 500 Mero Street 2NE09 Frankfort, Kentucky 40601 (502) 564-7760



# The Kentucky Real Estate Commission's A GUIDE TO AGENCY RELATIONSHIPS

THIS IS NOT A CONTRACT. This is The Kentucky Real Estate Commission's A Guide To Agency Relationships ("Guide"). This brokerage company is required by law to ask you to sign this Guide as a way to acknowledge that you have received it. Your signature below will not obligate you to work with this brokerage company.

Whether you are selling, buying, or leasing real estate in the Commonwealth of Kentucky, this Guide will help you understand the various agency relationships available to you. This brokerage company is providing you this Guide as an introduction to their professional real estate agency relationship options. Depending on your specific needs, this brokerage company will offer you valuable assistance to achieve your goals.

This is a brief overview of real estate brokerage in the Commonwealth of Kentucky. To practice real estate brokerage for compensation, a person must be appropriately licensed, which requires extensive education and testing. There are two types of licenses, broker and sales associate. A principal broker is the person responsible for the operation of the real estate brokerage company. Licensed brokers and sales associates affiliate with a principal broker to engage in real estate brokerage. Craig A. Stanfield (INSERT NAME OF PRINCIPAL BROKER) is the principal broker of Craig A. Stanfield Real Estate & Auction Services (INSERT NAME OF BROKERAGE COMPANY), and can be reached at 606-301-3350 (INSERT BROKERAGE COMPANY PHONE NUMBER).

To provide real estate brokerage services, a principal broker enters into an agency relationship with a client to act as an agent to represent the client's interests and provide necessary guidance to complete real estate transactions. A licensee affiliated with the principal broker may be your direct contact during a transaction and, depending on the type of agency, may also be your exclusive agent. These agency relationships are explained in more detail below. Each relationship imposes fiduciary duties owed by the agent to a client. A principal broker may also provide services to a party who is not a client and owe limited, or no, fiduciary obligations to that party, or, by written agreement, provide other than the minimum services proscribed by law. To learn more, reference Kentucky Revised Statutes, Chapter 324 and Kentucky Administrative Regulations, Title 201, Chapter 11.

This is not a contract or agreement for services. Your signature on this Guide is simply to acknowledge receipt and by law the real estate licensee presenting you this Guide must ask for your signature. Prior to the exchange of confidential information that could be interpreted as an agency relationship, you will be asked to consent in writing to a specific agency relationship for a contemplated transaction.

Carefully read about the available agency relationships below and ask the licensee providing you this Guide, <u>Craig A. Stanfield</u> (INSERT NAME OF LICENSEE), any questions you may have to better understand agency. The duties and responsibilities of the principal broker, affiliated licensees, and the real estate brokerage company in a real estate transaction do not relieve the seller, buyer, lessor, or lessee from the duty and responsibility to protect their own interests. You are advised to carefully read all agreements to assure that they adequately express your understanding of the transaction. The principal broker and affiliated licensees are qualified to advise on real estate brokerage and transaction matters only. IF YOU NEED LEGAL OR TAX ADVICE, YOU SHOULD CONSULT THE APPROPRIATE PROFESSIONAL.

**Single Agency:** In a Single Agency relationship, the principal broker of a brokerage company, and all affiliated licensees, act as an agent for a client who is a seller or buyer, or a lessor or lessee, on one side of a transaction. If a party on the other side of the transaction is represented by an agent, that agent will be affiliated with another principal broker at another brokerage.

**Dual Agency:** In a Dual Agency relationship, the principal broker of a brokerage company, and all affiliated licensees, simultaneously act, in a limited fiduciary capacity, as agents for different clients who are either seller and buyer, or lessor and lessee, in the same transaction. Dual Agency relationships frequently occur when a listing agent simultaneously represents both seller and buyer clients in the same transaction and must take care to adequately represent the interests of both clients.

**Designated Agent:** In a Designated Agent relationship, one or more affiliated licensees are designated by their principal broker to act as an agent for a client who is a buyer or seller, or a lessor or lessee, to the exclusion of all other licensees affiliated with that principal broker. The principal broker shall not designate himself or herself as a designated agent. None of the other licensees affiliated with the principal broker represent the client in the transaction. Reference KRS 324.121(1).

**Designated Agency:** In a Designated Agency relationship, two or more Designated Agents within one brokerage act as agents for their respective clients on different sides of a transaction, while their principal broker and any designated manager simultaneously act in a limited fiduciary capacity as a dual agent for all clients on both sides of the transaction. This type of agency relationship allows Designated Agents affiliated with same principal broker to offer each client exclusive representation with full fiduciary obligations, not limited as they would be in a Dual Agency relationship, while still safeguarding clients' confidential information. Reference KRS 324.121(2).

**Transactional Brokerage:** In a Transactional Brokerage relationship, the principal broker of a brokerage company, and an affiliated licensee(s), if so designated by the principal broker, provide real estate brokerage services to either, or both, party(ies) to a transaction. They owe the party(ies) only the duties of good faith and fair dealing, and do not relay confidential information between the parties, unless so directed by the sending party. A party to Transactional Brokerage is not a client or prospective client.

**Unrepresented Party:** From time to time in a real estate transaction, a party will not be represented by an agent, but will otherwise interact with a licensee. This party is known as an Unrepresented Party and a licensee owes an Unrepresented Party the duties of good faith and fair dealing. An Unrepresented Party is not a client or prospective client. If you elect to be an Unrepresented Party to a transaction, take the steps necessary to protect your best interests. If the other party is represented by an agent, you may be at a disadvantage in the transaction due to the skill and experience of that agent.

Real Estate Teams: In the course of your real estate transaction, you may engage with a real estate team. Teams are defined as a group of more than one licensee working together who are affiliated with the same principal broker, led by a team leader, and representing themselves to the public utilizing the same authorized alternate or assumed name to brand, advertise, and broker real estate. Teams form for a variety of reasons, including sharing branding and expenses, to broker real estate under the supervision of the principal broker. A team does not operate independently of the principal broker or agency law and must not represent themselves as a separate brokerage company providing real estate brokerage services. Make sure you understand who specifically is representing you as an agent if you choose to work with a team.

**Confidential Information:** If you are a client or prospective client as defined by law, you are owed the fiduciary obligation of confidentiality, which means that the licensee must protect information provided by you that would materially compromise your negotiating position in a transaction if disclosed to the other party, unless disclosure is required by law. You may also designate in writing other information you wish to maintain confidential. If you have any questions or concerns about confidentiality, seek a satisfactory answer prior to providing the information you wish to maintain confidential. During the course of a transaction, including when sending offers, information delivered to the other party will not be confidential unless a previous agreement is in place to maintain confidentiality.

**Cooperation:** This brokerage company may, during the course of a transaction, share fees or compensation with another brokerage company. This typically occurs when a listing brokerage company shares compensation with another brokerage company representing a buyer for a specific listed property. The fact that brokerage companies may share compensation during the course of a transaction does not mean that you are in an agency relationship with any brokerage company. If you are concerned about compensation and how it may be shared, seek a satisfactory answer prior engaging in a transaction.

Fair Housing Statement: It is illegal, pursuant to the Kentucky Fair Housing Law and Federal Fair Housing Law, to refuse to sell, transfer, assign, rent, lease, sublease, or finance housing accommodations, or refuse to negotiate for the sale or rental of housing accommodations, or otherwise deny or make unavailable housing accommodations because of race, color, religion, sex, familial status, disability, national origin, sexual orientation (in some counties) or gender identity (in some counties) or to so discriminate in advertising the sale or rental of housing, in the financing of housing, or in the providing of real estate brokerage services. It is also illegal, for profit, to induce or attempt to induce a person to sell or rent a dwelling by representations regarding the entry into the neighborhood of a person or persons belonging to one of the protected classes.

We hope you find this information helpful as you begin your real estate transaction. When you are ready to enter into a transaction, you will be asked to sign an Agency Consent Agreement that specifically identifies the agency relationship between you, the principal broker of this brokerage company, and any affiliated licensees. Please ask questions if there is anything you do not understand.

Your signature below will not obligate you to work with this brokerage company if you do not choose to do so. A copy of this signed Guide will be provided to you and a record of it maintained by the brokerage company. Please add this Guide to your records for reference even if you refuse to sign.

Signature	Date/Time
Signature	Date/Time

## **KENTUCKY REAL ESTATE COMMISSION**



Public Protection Cabinet Mayo-Underwood Building 500 Mero Street 2NE09 Frankfort, Kentucky 40601 (502) 564-7760 http://krec.ky.gov



## AGENCY CONSENT AGREEMENT – SELLER / LESSOR

The real estate agent who is providing to do so by Kentucky law. The purpose the agent(s) in the transaction propose "lessor".)  Seller(s)/Lessor(s): Jordan & Rachel  Property Address: 700 Riverside Driv	seof this form is to confirm that y ed below. (For purposes of this fo	ou have been advised of the role of rm, the term "seller" includes
	PART A	
	into a written agreement to pro nited to, a listing, advertising, o	ovide real estate brokerage services, r similar agreement.)
The Principal Broker being retained is and Affiliate Agent <u>Craig A. Stanfield</u> of the <u>Craig A. Stanfield Real Estate &amp; Craig A. St</u>	d	(name of Principal Broker) (name of Affiliate Agent) erage Company) Brokerage Company.
At this time Licensee is retained as	the following type of agent: (cho	eck one)
form, a party to transactional brok	erage services is not a client or pro- onships as we enter into this real estion, I (we) acknowledge reading	state contract. If there is a dual agency or the information contained in the
	,	TT
	Jordan Hunt	
SELLER/LESSOR Signature	Printed Name	DATE/TIME
	Rachel Hunt	
SELLER/LESSOR Signature	Printed Name	DATE/TIME
	Page Lef 2	
	Page 1 of 3	

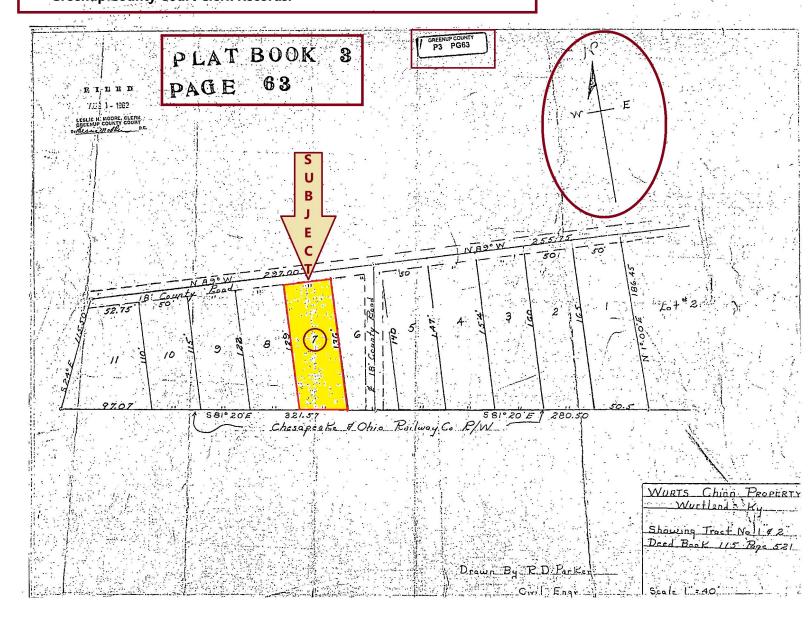
#### **LEGAL DESCRIPTION**

property, located in the County of Greenup, State of Kentucky, and more particularly described as follows:

Situate, lying and being in Greenup County, Kentucky, to wit:

Lot No. 7 of the Wurts Chinn Plot, as shown in Plat Book No. 3 Page 63, Greenup County, Court Clerk's Office.

Being the same property conveyed to Rachel Howard (now Rachel and Jordan Hunt) by deed of Shelby and Kay Steel by deed dated the 13th day of April, 2021, said deed recorded in Deed Book \_\_\_\_ Page \_\_\_\_, Greenup County Court Clerk Records.



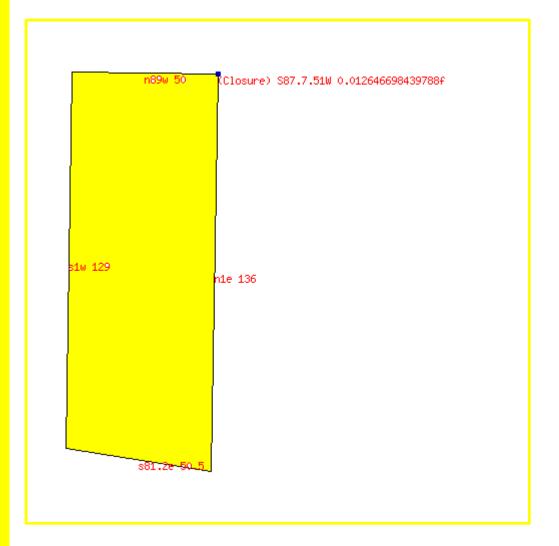
# **Welcome to Tract Plotter!**



6626.6505337989 square feet

0.15212696358583 acres (+/- 0.000005 acres) Perimeter: 365.5 feet

Closure: S87.7.51W 0.012647f (0.003460109012254% or 1:28901 perimeter error)



#### NOTES TO USERS

This map is for use in administrancy the National Flood Insurance Program. It does not recovarie shorted at errors subset to flooding, periodoly flore local diseases source of small size. The conveniently map repositiony should be consisted for control of the c

To disse more distable obtainable in sense unless State Travet Elevations (IPES) audicid State State Interest (IPES) audicid State State Interest to contract For State Interest (IPES) audicid State Interest (IPES) audicid Fortible and Frobeiro Interest (IPES) (IPES) audicid IPES (IPES) (IPES) audicid IPES (IPES) (IPES) audicid IPES (IPES) (IPE

Boundaries of the floodways were computed at cross sections and interpolated between cross sections. The floodways were based on hydrautic considerations with regard to requirements of the floodway dataset and other perferent bookway data are provided in the Flood Insciance Shally report for this Jurisday.

Certain areas not in Special Flood Hazard Areas may be protected by flood control structures. Fellow to Section 2.4 "Flood Protection Measures" of the Flood business Study and Section 2.4 "Flood Protection Measures" of the Flood

The application used in the preparation of this resp van Lumbert Conformal Conformation (Conformal Conformal Conformation Conforma

Flood elevations on the map are referenced to the North American Vertical Datum of 1988. These flood elevations must be compared to elevation elevation elevation of the North American elegation control and elevation to the same vertical datum. For internation regarding convention referenced to the same vertical datum. For internation regarding convention to the North American Control of 1989, and 1989,

NGS Information Services NGAA, NAVGS12 National Geodetic Survey SSMC-3, 40002 1316 East-West Highway Sives Spring, Maryland 20410 3282 (301) 713-3342

To obtain ourser's elevation, description, and/or location information for beach rearties shown on this map, please contact the information Services Branch of the National Secules Services Branch of the National Secules Services (2017) 17-12-2022 or visit in website as that National Services and Services (2017) 17-12-2022 or visit in website or that National Services (2017) 17-12-2022 or visit in website or that National Services (2017) 17-12-2022 or visit in website or that National Services (2017) 17-12-2022 or visit in website or that National Services (2017) 17-12-2022 or visit in website or that National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or the National Services (2017) 17-12-2022 or visit in website or visit in website

Size mag information shows on the FPMI was growted in digital formal by the Size of Monacoly Dission of Geopopeis Information (KY DGI). Onto imagery was originally produced by the National Agriculture Imagery Program (NAP) in 2010 and has a 1-west ground resolution.

This map reflects more detailed and up-ta-cide stream channel configurations than trace above, on the previous FRRM for this pseudotion. The fraugation are foodology that when transferred from the provious FRRM may have been subjected conclusing that were transferred from the provious FRRM may have been subjected conclusing to these or the provious FRRM may have been subjected conclusing the state of the front of the provious from the provious fraudation than the provious fraudation from the subject of the provious fraudation fraudat

Companies lambs above on this map are based on the best data available at the time of publication. Senses charges due to desendations or decarrenations may have occurred after this may see published, may sense should contact appropriate community officials to we'lly current corporate limit locations.

Please refer to the separately pointed Mag Index for an averview map of the county showing the liquid of map parents, contravelly map repetiting addresses, and a Listing of Communities table containing National Flood Insurance Program date for each community as well as a listing of the peeds on which each community is

For Information and questions about this map, available products secondary with the ITOM relocity instant, environ of the ITOM. Now is safe products on the selection of the ITOM. Now is safe products or the selection of the ITOM. Now is safe product on the selection of the ITOM. Now is safe product on the ITOM. Now ITOM. NOW

The "profile base lines" depicted on this map operated the hydroxido modeling baselines that match the flood profiles in the FIS report. As a result of improved topographic data, the "profile base line", in some cases, may deviate agraficantly from the chamic combines or appear contact the ETHA.





In cooperation with the Teledon Emergency Management Agency (TEMA), and both communities in Northeady, this Thick communities fill we have developed by the Metalsky Division. Of Water in a digital statewise formed to season communities in the whole to increase the boos of proteins of the Protocol the Communities of the Season of the Protocol the Communities of the Season of the Protocol the Communities of the Season of the Season of the Season of the Season proteins of the Season of the Season of the Season of the Season Season of the Season Season of the Season Season of the Season of t

# FLOOD MAP 700 RIVERSIDE BLVD., WURTLAND, KY FLOOD HAZARD INFORMATION IS NOT SHOWN ON THIS MAP IN AREAS OUTSIDE OF GREENUP COUNTY Greenup County Unicorporated Areas 210284 City of Worthington 210092 Ages word Strate or . ZONE AE City of Raceland FLOODING EFFECTS-ZONE AE ZONE AE 82148162.01 FLOODING EFFECTS FROM CHINNS BRANCH

SPECIAL FLOOD HAZARO AREAS SUBJECT TO INUNDATION BY THE 1% ARNUAL CHANCE FLOOD

Placel depths of 1 to 3 lest (utually areas of ponding); Base Road Devators, determined.

Areas to be protected from this annual chance flood event by a Federal flood protection system under combustions to flood flowaltons determined.

Associatement to be outside the SUHs amusi cherce floodplan.

Area in which flood hazarts are undetermined, but possible.

COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS.

al Datum of 1988

For community resp. expects feature per to construct margins; with the face Community Magniferty selection of the Community Magniferty held sealed in the Community Magniferty held produced in the community of the Magniferty Magniferty and the Sealed Seal

FIRM

KENTUCKY
AND INCORPORATED AREAS

PANEL 192 OF 352
SSE LOCATOR DUGGRAM OF MAP INDEX
FOR FROM PRIME LAYOUT)
SCHOOLS

COMMANDY

BURNER FMAL BUE

PRO

FLOOD

Deoprishic coordinates referenced to the Nerth America Datum of 1983 (NAO 63), Naisson Hernisphore

2005-meder unnersall fransverse Hercator grid tokkr, zoier 21' 2008-flost grid velses: Kentucky State Plane coordinate system, (19%-\$1554) = 2805, Landert projection Beach men's (see explanation in Males to Users section of this RIRH penel)

PANEL 0192D

FLOOD INSURANCE RATE MAP GREENUP COUNTY,

MAP REVISED MAP NUMBER SEPTEMBER 26, 2014 21089C0192D

Kentucki

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OTHERWISE PROTECTED AREAS (CRAs)

CBHG were set OFFic are somethy coated within or adjacent to Special Flood Heard Area

Fits amount chance foodpies boundary

1-7% a mount chance foodpies boundary

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CBBS and Offic foodpies 50...doi:y

CBBS and Offic foodpies 50...doi:y

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No Base Flood Disnetters date mined:

FLOODWAY AREAS IN ZONE WE

OTHER FLOOD AREAS

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\* Referenced to the North Am

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DX5610<sub>2</sub> • M1.5

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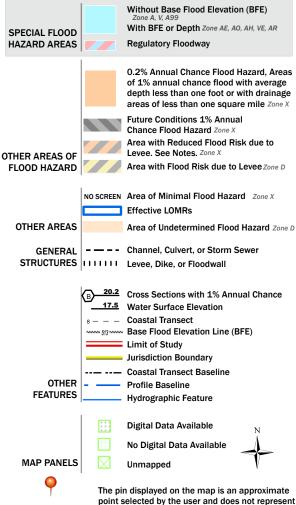
# National Flood Hazard Layer FIRMette





#### Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT



This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

an authoritative property location.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/10/2021 at 7:23 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

## **KENTUCKY REAL ESTATE COMMISSION**



Public Protection Cabinet Mayo-Underwood Building 500 Mero Street 2NE09 Frankfort, Kentucky 40601 (502) 564-7760 http://krec.ky.gov



#### SELLER'S DISCLOSURE OF PROPERTY CONDITION

This form applies to residential real estate sales and purchases. This form is not required for:

1. Residential purchases of new construction homes if a warranty is provided; or

| 2. Sales of real estate at auction; or                                                                                                                                                                        |            |         |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|----------|-----------|
| 3. A court supervised foreclosure                                                                                                                                                                             |            |         |          |           |
| As a Seller, you are asked to disclose what you know about the property you are selling. <b>Your answers</b>                                                                                                  |            |         |          |           |
| must be based on the best of your knowledge of the property you are selling, however and wheneve Please take your time to answer these questions accurately and completely.                                   | you gai    | nea th  | at knov  | vieage    |
| Property Address                                                                                                                                                                                              |            |         |          |           |
| Property Address                                                                                                                                                                                              |            |         |          |           |
| City                                                                                                                                                                                                          | Zip        |         |          |           |
| PURPOSE OF DISCLOSURE FORM: Completion of this form shall satisfy the requirements of KRS 324.360                                                                                                             | ) that ma  | ndates  | the "s   | eller's   |
| disclosure of conditions" relevant to the listed property. This disclosure is based on the Seller's k                                                                                                         |            |         |          |           |
| condition and the improvements thereon, however that knowledge was gained. This disclosure form                                                                                                               | shall no   | ot be a | warra    | nty by    |
| the Seller or real estate agent and shall not be used as a substitute for an inspection or warranty that                                                                                                      | -          |         | -        |           |
| obtain. This form is a statement of the conditions and other information about the property known by                                                                                                          |            |         |          |           |
| advised, the Seller does not possess any expertise in construction, architecture, engineering, or any of                                                                                                      |            |         |          |           |
| the construction or condition of the property or the improvements on it. Unless otherwise advised, t<br>any inspection of generally inaccessible areas such as the foundation or roof. The Buyer is encourage |            |         |          |           |
| professional inspections of this property.                                                                                                                                                                    | ca to 05   | can in  | 3 O1 11C | 00011     |
| INSTRUCTIONS TO THE SELLER(S): (1) Answer every question truthfully. (2) Report all known condit                                                                                                              | ions affe  | cting t | he nro   | nertv     |
| regardless of how you know about them or when you learned. (3) Attach additional pages, if necessary                                                                                                          |            | _       | -        |           |
| the date and time of signing. (4) Complete this form yourself or sign the authorization at the end of the                                                                                                     | -          | -       | _        |           |
| estate agent to complete this form on your behalf in accordance with KRS 324.360(9). (5) If an item doe                                                                                                       |            |         |          |           |
| mark "not applicable." (6) If you truthfully do not know the answer to a question, mark "unknown." (                                                                                                          |            |         | -        | -         |
| to closing that changes one or more of your answers to this form after you have completed and subr                                                                                                            | nitted it, | immed   | diately  | notify    |
| your agent or any potential buyer of the change in writing.                                                                                                                                                   |            |         |          |           |
| <b>SELLER'S DISCLOSURE:</b> As Seller(s), I / we disclose the following information regarding the property.                                                                                                   | This info  | rmatio  | n is tru | e and     |
| accurate to the best of my / our knowledge as of the date signed. Seller(s) authorize(s) the real estate                                                                                                      | _          | -       |          |           |
| this statement to any person or entity in connection with actual or anticipated sale of the property                                                                                                          | or as oth  | erwise  | provid   | ed by     |
| law. The following information is not the representation of the real estate agent.                                                                                                                            |            |         |          |           |
| Answer all questions to the <u>BEST OF YOUR KNOWLEDGE</u> . Attach additional s                                                                                                                               |            |         |          | /•<br>UN- |
| 1. PRELIMINARY DISCLOSURES                                                                                                                                                                                    | N/A        | YES     | NO       | KNOWN     |
| <ul><li>a. Have you ever lived in the house? If yes, please indicate the length of time:</li><li>b. List the date (month / year) you purchased the house.</li></ul>                                           | Ц          | Ш       | Ш        | Ц         |
| c. Do you own the property as (an) individual(s) or as representative(s) of a company?                                                                                                                        |            |         |          |           |
| Explain:                                                                                                                                                                                                      |            |         |          |           |
| •                                                                                                                                                                                                             |            |         | П        |           |
| d. Has the house been used as a rental? If yes, length of time rented?                                                                                                                                        |            |         |          |           |
| e. Has this house ever been vacant (not lived-in) for more than three (3) consecutive months?                                                                                                                 |            |         |          |           |
| f. Has this house ever been used for anything other than a residence?                                                                                                                                         |            |         |          |           |
| Explain:                                                                                                                                                                                                      |            |         |          |           |

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Seller Initials

Date/Time

Seller Initials

Date/Time

Buyer Initials

Buyer Initials

Date/Time

Date/Time

KREC Form 402 12/2022

|                     |                                                                                          | ,        |         |         |     |
|---------------------|------------------------------------------------------------------------------------------|----------|---------|---------|-----|
| -                   | have been corrected, state whether there have been problems affecting:                   | N/A      | YES     | NO      | KNO |
| a. Plumbing         |                                                                                          |          |         |         |     |
| b. Electrical syste | <u>m</u>                                                                                 |          |         |         |     |
| c. Appliances       |                                                                                          |          |         |         |     |
| d. Ceiling and att  | c fans                                                                                   |          |         |         |     |
| e. Security systen  | 1                                                                                        |          |         |         |     |
| f. Sump pump        |                                                                                          |          |         |         |     |
| g. Chimneys, fire   | places, inserts                                                                          |          |         |         |     |
| h. Pool, hot tub, s | auna                                                                                     |          |         |         | [   |
| i. Sprinkler syste  | m                                                                                        |          |         |         | [   |
| j. Heating syster   |                                                                                          |          |         |         | [   |
|                     | nditioning system age of system:                                                         |          |         |         | [   |
| I. Water heater     | age of system:                                                                           |          |         |         | [   |
|                     | eficiencies noted in this Section and/or corrections or repairs to resolve these proble  |          |         |         |     |
|                     |                                                                                          |          |         |         |     |
| B. BUILDING STRUCT  | TURF                                                                                     | N/A      | YES     | NO      | ι   |
|                     | t they have been corrected, state whether there have been problems affecting:            | WA       | ILJ     | .10     | KN  |
| 1) The foundat      | <u> </u>                                                                                 |          |         |         |     |
|                     | e or exterior veneer                                                                     |          |         |         |     |
|                     |                                                                                          |          |         |         |     |
| 3) The floors a     |                                                                                          |          |         |         |     |
| 4) The doors a      |                                                                                          |          |         |         |     |
| •                   | ement ever leaked?                                                                       |          |         |         |     |
|                     | id the basement last leak?                                                               |          |         |         |     |
|                     | er had any repairs done to the basement?                                                 |          |         |         |     |
|                     | nad basement leaks repaired, when was the repair done?                                   |          |         |         |     |
|                     | ent presently leaks, how often does it leak? (e.g., every time it rains, only after an e | xtreme   | ly heav | y rain, | etc |
| Explain:            |                                                                                          |          |         |         |     |
| c. Have you expe    | rienced, or are you aware of, any water or drainage problems in the crawl space?         |          |         |         |     |
| d. Are you aware    | of any damage to wood due to moisture or rot?                                            |          |         |         |     |
| e. Are you aware    | of any present or past wood infestation (e.g., termites, borers, carpenter ants,         |          |         |         |     |
| fungi, etc.)?       |                                                                                          |          |         |         |     |
|                     | of any damage due to wood infestation?                                                   |          |         |         |     |
| 1) Has the hou      | se or any other improvement been treated for wood infestation?                           |          |         |         |     |
| 2) If yes, by wh    | om?                                                                                      |          |         |         |     |
| 3) Is there a wa    | arranty?                                                                                 |          |         |         |     |
| lease explain any d | eficiencies noted in this Section and/or corrections or repairs to resolve those proble  | ems:     |         |         |     |
|                     |                                                                                          |          |         |         |     |
| I. ROOF             |                                                                                          | N/A      | YES     | NO      | KN  |
|                     | roof covering? Age of the roof if known:                                                 |          |         |         |     |
| b. Has the roof le  | aked at any time since you have owned or lived at the property?                          |          |         |         |     |
| c. Has the roof le  | aked at any time before you owned or lived at the property?                              |          |         |         |     |
| d. When was the     | last time the roof leaked?                                                               |          |         |         |     |
|                     | had any repairs done to the roof?                                                        |          |         |         |     |
| ,                   |                                                                                          | -        |         |         |     |
| <del></del>         | Page 2 of 5                                                                              |          |         |         |     |
| ller Initials       | Date/Time Buyer                                                                          | Initials |         | Dat     | te/ |
|                     | Date/Time KREC Form 402 12/2022 Buyer                                                    | Initials |         | Dat     |     |

| f.     | Have you ever had the roof replaced?                                                                                                                                                                                                                                                                                                                            |           |         |      |         |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|------|---------|
|        | If so, when?                                                                                                                                                                                                                                                                                                                                                    |           |         |      |         |
| g.     | If the roof presently leaks, how often does it leak? (e.g., every time it rains, only after an extrem                                                                                                                                                                                                                                                           | ely heavy | rain, e | tc.) |         |
|        | Explain:                                                                                                                                                                                                                                                                                                                                                        |           |         |      |         |
| h.     | Have you ever had roof repairs that involved placing shingles on the roof instead of replacing                                                                                                                                                                                                                                                                  |           |         |      |         |
| 11.    | the entire roof covering? If so, when?                                                                                                                                                                                                                                                                                                                          |           |         |      |         |
| Plea   | se explain any deficiencies noted in this Section and/or corrections or repairs to resolve those pro                                                                                                                                                                                                                                                            | blems:    |         |      |         |
|        |                                                                                                                                                                                                                                                                                                                                                                 |           |         |      |         |
| 5. L/  | AND / DRAINAGE                                                                                                                                                                                                                                                                                                                                                  | N/A       | YES     | NO   | Uľ      |
| a.     | Whether or not they have been corrected, state whether there have been problems affecting:                                                                                                                                                                                                                                                                      | •         |         |      | KIVO    |
|        | 1) Soil stability                                                                                                                                                                                                                                                                                                                                               |           |         |      |         |
|        | 2) Drainage, flooding, or grading                                                                                                                                                                                                                                                                                                                               |           |         |      |         |
|        | 3) Erosion                                                                                                                                                                                                                                                                                                                                                      |           |         |      |         |
|        | 4) Outbuildings or unattached structures                                                                                                                                                                                                                                                                                                                        |           |         |      |         |
|        | Is the house located within a Special Flood Hazard Area (SFHA) mandating the purchase of flood                                                                                                                                                                                                                                                                  |           |         |      |         |
| b.     | insurance for federally backed mortgages?                                                                                                                                                                                                                                                                                                                       | , $\Box$  |         |      | [       |
|        | If so, what is the flood zone?                                                                                                                                                                                                                                                                                                                                  |           |         |      |         |
|        | Is there a retention / detention basin, pond, lake, creek, spring, or water shed on or adjoining                                                                                                                                                                                                                                                                |           |         |      |         |
| c.     | this property?                                                                                                                                                                                                                                                                                                                                                  |           |         |      | [       |
| Dloa   | ise explain any deficiencies noted in this Section and/or corrections or repairs to resolve those prol                                                                                                                                                                                                                                                          | hloms     |         |      |         |
| rica   | se explain any deficiencies noted in this section and/or corrections of repairs to resolve those pro-                                                                                                                                                                                                                                                           | DICTIIS.  |         |      |         |
| 6. B(  | OUNDARIES                                                                                                                                                                                                                                                                                                                                                       | N/A       | YES     | NO   | L<br>KN |
| a.     | Have you ever had a staked or pinned survey of the property performed?                                                                                                                                                                                                                                                                                          |           |         |      | KN      |
| b.     | Are you in possession of a copy of any survey of the property?                                                                                                                                                                                                                                                                                                  |           |         |      | ·       |
| С.     | Are the boundaries marked in any way?                                                                                                                                                                                                                                                                                                                           |           |         |      |         |
| С.     | Explain:                                                                                                                                                                                                                                                                                                                                                        |           |         |      |         |
| d.     | Do you know the boundaries?                                                                                                                                                                                                                                                                                                                                     |           |         |      |         |
| u.     | Explain:                                                                                                                                                                                                                                                                                                                                                        |           |         |      |         |
| е.     | Are there any encroachments or unrecorded easements relating to the property?                                                                                                                                                                                                                                                                                   |           |         | П    | [       |
| С.     | Explain:                                                                                                                                                                                                                                                                                                                                                        |           |         |      |         |
| 7. W   | /ATER                                                                                                                                                                                                                                                                                                                                                           | N/A       | YES     | NO   | ι       |
| a.     | Source of water supply:                                                                                                                                                                                                                                                                                                                                         | 14//      | 120     |      | KN      |
| b.     | Are you aware of below normal water supply or water pressure?                                                                                                                                                                                                                                                                                                   |           |         |      |         |
| C.     | Has your water ever been tested? If so, attach the results or explain.                                                                                                                                                                                                                                                                                          |           |         |      | [       |
| С.     | Explain:                                                                                                                                                                                                                                                                                                                                                        |           |         |      |         |
| 8. \$1 | EWER SYSTEM                                                                                                                                                                                                                                                                                                                                                     | N/A       | YES     | NO   | ·       |
| a.     | Property is serviced by:                                                                                                                                                                                                                                                                                                                                        | NA        | 112     |      | KN      |
| u.     | Category I: Public Municipal Treatment Facility                                                                                                                                                                                                                                                                                                                 |           |         |      | [       |
|        | Category II: Private Treatment Facility                                                                                                                                                                                                                                                                                                                         |           |         |      |         |
|        | Category III: Subdivision Package Plant                                                                                                                                                                                                                                                                                                                         |           |         |      |         |
|        | 4. Category IV: Single Home Aerobic Treatment System (HOME PACKAGE PLANT)                                                                                                                                                                                                                                                                                       |           |         |      |         |
|        |                                                                                                                                                                                                                                                                                                                                                                 |           |         |      |         |
|        |                                                                                                                                                                                                                                                                                                                                                                 |           |         |      |         |
|        | 5. Category V: Septic Tank with drain field, lagoon, wetland, or other onsite dispersal                                                                                                                                                                                                                                                                         |           |         |      |         |
|        | 6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system                                                                                                                                                                                                                                                               |           |         |      |         |
|        | 6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system 7. Category VII: No Treatment/Unknown                                                                                                                                                                                                                         |           |         |      |         |
|        | <ul><li>6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system</li><li>7. Category VII: No Treatment/Unknown</li><li>Name of Servicer:</li></ul>                                                                                                                                                                     |           |         |      |         |
| b.     | 6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system 7. Category VII: No Treatment/Unknown Name of Servicer: For properties with Category IV, V, or VI systems                                                                                                                                                     |           |         |      | [       |
| b.     | 6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system 7. Category VII: No Treatment/Unknown Name of Servicer: For properties with Category IV, V, or VI systems Date of last inspection (sewer):                                                                                                                    |           |         |      |         |
| b.     | 6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system 7. Category VII: No Treatment/Unknown Name of Servicer: For properties with Category IV, V, or VI systems Date of last inspection (sewer): Date of last inspection (septic): Date last cleaned (septic):                                                      |           |         |      | [       |
| b.     | 6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system 7. Category VII: No Treatment/Unknown Name of Servicer: For properties with Category IV, V, or VI systems Date of last inspection (sewer):                                                                                                                    |           |         |      |         |
|        | 6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system 7. Category VII: No Treatment/Unknown Name of Servicer: For properties with Category IV, V, or VI systems Date of last inspection (sewer): Date of last inspection (septic): Date last cleaned (septic):                                                      |           |         |      |         |
| C.     | 6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system 7. Category VII: No Treatment/Unknown Name of Servicer: For properties with Category IV, V, or VI systems Date of last inspection (sewer): Date of last inspection (septic): Date last cleaned (septic): Are you aware of any problems with the sewer system? |           |         |      |         |

| PROPERTY ADDI    | RESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |         |              |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|---------|--------------|
| Please explain a | ny deficiencies noted in this Section:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |          |         |              |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |         |              |
|                  | DN / REMODELING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A        | YES      | NO      | UN-<br>KNOW  |
|                  | been any additions, structural modifications, or other alterations made?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |          |         |              |
|                  | all necessary permits and government approvals obtained?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |          |         |              |
| Explain:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          | _       | UN-          |
|                  | ERS ASSOCIATION (HOA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N/A        | YES      | NO      | KNOW         |
|                  | operty subject to any restrictions, rules, or regulations of a Homeowners Association?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |          |         |              |
|                  | hat is the annual or monthly assessment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |          |         |              |
| 3) HOA Na        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |         |              |
|                  | nary Contact Name:<br>nary Contact Phone No. and email address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |         |              |
|                  | erty a condominium?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |          |         |              |
|                  | must also complete KREC Form 404, the Condominium Seller's Certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Ш        |         |              |
|                  | vare of any condition or legal action that may result in an increase in dues, taxes or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |          |         |              |
| c. Are you av    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |         |              |
| Are any fe       | atures of the property shared in common with adjoining landowners, such as walls,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |          |         |              |
| Λ .              | veways, etc.?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |          |         |              |
|                  | any pet or rental restrictions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |         |              |
| Explain:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |         |              |
| ·                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |         |              |
| 11. HAZARDOUS    | CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N/A        | YES      | NO      | UN-<br>KNOW  |
| Are you av       | vare of any underground storage tanks, old septic tanks, field lines, cisterns, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |          |         |              |
| a. abandone      | d wells on the property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Ш        | Ш       | Ш            |
|                  | vare of any other environmental hazards? (e.g., carbon monoxide, hazardous waste,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |          |         |              |
| water conf       | amination, asbestos, the use of urea formaldehyde, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |          |         |              |
| _                | LEAD BASED PAINT DISCLOSURE REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |          |         |              |
|                  | of any interest in residential real property on which a residential dwelling was built property on the residential dwelling was built property on the residential dwelling was built property on the residential dwelling was being a residentin |            | 978 is n | otified | that         |
|                  | ay present exposure to lead from lead-based paint, which may cause certain health ris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |         |              |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |         | <u> </u>     |
| d. Are you av    | vare of the existence of lead-based paint in or on this house?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |          |         |              |
| Padon is a natur | RADON DISCLOSURE REQUIREMENT ally occurring radioactive gas that, when it has accumulated in a building in sufficient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | auantiti   | oc mai   | nroco   | nt           |
|                  | uding lung cancer. The Kentucky Department for Public Health recommends radon test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •          |          | •       |              |
| ·                | and search "radon."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1116.101   |          |         | ,            |
|                  | aware of any testing for radon gas?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |          |         |              |
|                  | hat were the results?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |         |              |
|                  | a radon mitigation system installed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |         |              |
|                  | it functioning properly?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |          |         |              |
| 2) 11 4 (23) 13  | METHAMPHETAMINE CONTAMINATION DISCLOSURE REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |         |              |
| A property own   | er who chooses NOT to decontaminate a property used in the production of meth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | amphet     | amine    | MUST    | make         |
|                  | re of methamphetamine contamination pursuant to KRS 224.1-410(10) and 902 KAR 4 $^{\circ}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -          |          |         |              |
|                  | phetamine contamination is a Class D Felony under KRS 224.99-010.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |          |         |              |
| g. 1) Is the pr  | operty currently contaminated by the production of methamphetamine?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |          |         |              |
| 2) If no, ha     | s the property been professionally decontaminated from methamphetamine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | П        | П       |              |
| contamina        | tion?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |         |              |
| Explain:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |         |              |
| 12. MISCELLANE   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A        | YES      | NO      | UN-<br>KNOWI |
|                  | vare of any existing or threatened legal action affecting this property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |          |         |              |
|                  | nny assessments other than property assessments that apply to this property assessments)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |          |         |              |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |         |              |
| Callan In third  | Page 4 of 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | r Initials |          |         | te/Tim       |
| Seller Initials  | Date/Time Buye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | imudis     |          | νa      | te/ HM       |
| Seller Initials  | Date/Time KREC Form 402 12/2022 Buye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | r Initials |          | Da      | te/Tim       |

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| this property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |             |                        |                                                              |             |
| d. Are there any transferable warra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | anties?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                 |             |                        |                                                              |             |
| Explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |             |                        |                                                              |             |
| e. Has this house ever been damaş                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and by fire or other disa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | star?                                                                                                                                                                                                                                                                                                           |             |                        |                                                              |             |
| Explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ged by fire of other disa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ster :                                                                                                                                                                                                                                                                                                          |             |                        |                                                              |             |
| f. Are you aware of the existence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of mold or other fungi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | on the property?                                                                                                                                                                                                                                                                                                |             |                        |                                                              |             |
| g. Has this house ever had pets livi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | in the property:                                                                                                                                                                                                                                                                                                |             |                        |                                                              |             |
| Explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ing in it:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                 |             |                        |                                                              |             |
| h. Is this house in a historic district                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or listed on any registr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | v of historic places?                                                                                                                                                                                                                                                                                           |             |                        |                                                              |             |
| 13. ADDITIONAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , c. motorio piacco.                                                                                                                                                                                                                                                                                            | N/A         | YES                    | NO                                                           | U<br>KNC    |
| Do you know anything else about the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | property that that shou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | uld be disclosed to the Buver?                                                                                                                                                                                                                                                                                  |             |                        |                                                              | KNC         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ttach additional sheets, as necessary.                                                                                                                                                                                                                                                                          |             |                        |                                                              |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |             |                        |                                                              |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |             |                        |                                                              |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |             |                        |                                                              |             |
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| 4. SELLER(S) CERTIFICATION (CHOOSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | : ONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                 |             |                        |                                                              |             |
| As Seller(s) I / we hereby ce cnowledge and belief. I / we agree to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rtify that the informati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | on disclosed above is complete and a<br>Buyer in writing of any changes that b                                                                                                                                                                                                                                  |             |                        | -                                                            |             |
| As Seller(s) I / we hereby ce knowledge and belief. I / we agree to closing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rtify that the informati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del>-</del>                                                                                                                                                                                                                                                                                                    |             | wn to ı                | -                                                            |             |
| As Seller(s) I / we hereby ce mowledge and belief. I / we agree to closing.  Seller Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rtify that the informati<br>to immediately notify I<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Seller Signature                                                                                                                                                                                                                                                                                                |             | wn to i                | me / u                                                       | s pri       |
| As Seller(s) I / we hereby ce knowledge and belief. I / we agree to closing.  Seller Signature  As Seller(s) I / we hereby ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rtify that the information immediately notify Eastern Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Seller Signature  I Estate Agent,                                                                                                                                                                                                                                                                               | ecome knov  | wn to i                | me / us                                                      | s pri       |
| As Seller(s) I / we hereby ce knowledge and belief. I / we agree to closing. Seller Signature  As Seller(s) I / we hereby center sompleted this form with inform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rtify that the informatic immediately notify to immediately notify to Date rtify that my / our Reanation provided by me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Seller Signature  I Estate Agent, / us at my / our direction and reques                                                                                                                                                                                                                                         | ecome knov  | wn to i                | me / us                                                      | s pri       |
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#### What housing is covered?

Real property meant as a home or residence for one or more families. This includes homes, apartments, and lots, whether rented or sold, by a real estate broker, sales agent, operator, or directly by the owner.

#### Who must obey the law?

Any real estate-related organization; real estate operators, brokers, or agents; savings and loan associations; mortgage lenders; banks; apartment house agents/managers; rental agents; builders; contractors; developers; owners of building lots; advertising media; homeowners advertising and selling their own homes; and insurers.

#### Are there exemptions to these laws?

Yes. Exemptions include the rental of an owner-occupied duplex or one room in a private home, the sale of property without help from a real estate dealer and without public advertising, and rental of churchowned housing to the extent of giving preference to those of that religion.

#### Report discrimination!

If you think you have been a victim of housing discrimination, please contact one of the agencies on the back of this brochure. Fair housing is not an option. It's the law.

## **Kentucky Housing Corporation**

1231 Louisville Rd.
Frankfort, KY 40601
502-564-7630
Toll-free in KY 800-633-8896
TTY 711
www.kyhousing.org

# Kentucky Commission on Human Rights

332 W. Broadway, Ste. 700 Louisville, KY 40202 800-292-5566 TDD: 502-595-4084 www.kchr.ky.gov

# U.S. Department of Housing and Urban Development

601 W. Broadway, Rm. 110 Louisville, KY 40202 502-582-6163 TTY: 800-972-9275 www.hud.gov





KHC promotes fair housing practices in the state and prohibits discrimination based on race; color; religion; sex; national origin; sexual orientation; gender identity; ancestry; age; genetic information; disability; or marital, familial, or veteran status.

No state funds were used to produce this document.



Kentucky Housing Corporation (KHC), as the state housing finance agency, is charged with funding good and affordable homes across the Commonwealth of Kentucky and must promote freedom in housing choice for Kentucky residents.



# **Fair Housing**

# Understand the facts and know your rights!

### **The Fair Housing Act**

The Fair Housing Act was introduced as a component of the Civil Rights Act of 1968. The act provides equal opportunity to all who buy, sell, rent, finance, or insure housing. In a nutshell, the act protects each individual's basic right to choose where to live and ensures equal treatment after obtaining housing.

## Who is protected?

The Fair Housing Act, as amended, prohibits discrimination in housing based on race, color, national origin, religion, disability, gender, and familial status.

On February 3, 2012, the U.S. Department of Housing and Urban Development (HUD) issued a final rule that prohibits discrimination on the basis of actual or perceived sexual orientation, gender identity, or marital status in regards to housing programs assisted by HUD or subject to a mortgage insured by the Federal Housing Administration.

In addition, local communities, such as Louisville, Lexington, and Frankfort, have passed ordinances to prohibit discrimination based on sexual orientation. Always check with your local community to see what ordinances may be in effect.









## KHC and our fair housing mission

Housing is a basic human need. Having a home instills a sense of safety and security. Our mission at KHC is to provide safe, quality, affordable housing opportunities, and we are committed to putting people first. Our core values guide our work. We believe everyone deserves to have a safe place to live and that everyone has a right to fair housing, free from discrimination.

#### KHC partners with...

- Home Buyers
- Renters
- Mortgage Lenders
- Housing Producers
- Special Needs Housing and Service Providers
- Government Agencies
- All Housing Industry Members

KHC maintains an ongoing commitment to fair housing through our homeownership (including homeownership education and counseling), rental, housing production/repair, and special needs housing programs throughout the state. All entities that receive financial assistance from KHC to conduct their housing programs are required to uphold fair housing activities.

#### KHC requires partners to:

- Develop a fair housing plan and affirmative marketing program.
- Promote the use of minority- and femaleowned businesses in all legal documents.
- Promote the design and construction of housing that ensures maximum use by all persons.
- Promote fair housing by displaying posters and brochures.

# What is housing discrimination?

#### In sale or rental of housing, it is illegal to:

- Refuse to rent or sell to someone based on a status, if protected.
- Provide different services of facilities based on a status, if protected.
- Falsely deny housing availability based on a status, if protected.
- Impose different rules on different people based on a status, if protected.

# In financial transactions, it is illegal for lending institutions to:

- Refuse to accept mortgage loan applications based on a status, if protected.
- Refuse to provide loan information based on a status, if protected.
- Give people different terms/conditions on a loan based on a status, if protected.
- Discriminate in the appraisal of property based on a status, if protected.

# In any aspect of housing, it is illegal for any person to:

- Threaten, intimidate, or interfere with any person's fair housing rights.
- Advertise any availability of housing that states a preference or limitation based on a person's race, color, gender, national origin, religion, disability (handicap), familial status, and, in some areas, sexual orientation.