

# Property Verification Worksheet

Property Verification Resources:

<http://www.tucsonrealtors.org/docs/default-source/Documents/pv-bod-approved-042618.pdf?sfvrsn=2>

This worksheet is for informational purposes only and is deemed reliable but is not guaranteed.

This worksheet is intended as a guideline only. Refer to company policy.



Property Address: \_\_\_\_\_ Year Built \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_  
 Legal Description: \_\_\_\_\_  
 Unsubdivided?  No  Yes If Yes, obtain an Affidavit of Disclosure.  
 Has Owner sold more than 5 homes in the subdivision?  No  Yes If Yes, a Public Report will be required.  
 Completed For: \_\_\_\_\_ Tax Code: \_\_\_\_\_ T/R/S: \_\_\_\_\_  
 Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  Listing Agt  Buyer's Agt  Dual Agt

## CONTRACT DISCLOSURES:

### Environmental:

<input type="checkbox"/> No <input type="checkbox"/> Yes	Davis Monthan AFB	Info. Source Name: _____	Date: _____
<input type="checkbox"/> No <input type="checkbox"/> Yes	Tucson Int'l Airport	Info. Source Name: _____	Date: _____
<input type="checkbox"/> No <input type="checkbox"/> Yes	Marana Regional Airport	Info. Source Name: _____	Date: _____
<input type="checkbox"/> No <input type="checkbox"/> Yes	Ryan Airfield	Info. Source Name: _____	Date: _____
<input type="checkbox"/> No <input type="checkbox"/> Yes	Super Fund/WQARF	Info. Source Name: _____	Date: _____
<input type="checkbox"/> No <input type="checkbox"/> Yes	Riparian Area:	Info. Source Name: _____	Date: _____

### Other:

Specify: \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Flood Plain:

FEMA  No  Yes  Possible  Request faxed/sent to: \_\_\_\_\_ Date: \_\_\_\_\_  
 Information Rec'd  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Municipal  No  Yes  Possible  Request faxed/sent to: \_\_\_\_\_ Date: \_\_\_\_\_  
 Information Rec'd  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_

### HOA: (Obtain completed Seller's HOA Information form)

No  Yes -Management Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 No  Yes Will there be Community Enhancement or Capital Improvement fees due at COE?  
 If Yes, Amount \$ \_\_\_\_\_  
 No  Yes Special Assessments pending? If Yes, Amount \$ \_\_\_\_\_ For? \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PROPERTY INFORMATION:

### Additions/Improvements/Permits:

No Information Found Online  Yes, See Attachment(S)  
 Notes: \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
**Assessments (non-HOA):**  No  Yes Amount: \$ \_\_\_\_\_ Duration: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
**Easements:**  No  Yes, Type: \_\_\_\_\_  
 Plat Map  Legal Description  Preliminary Title Report  Other \_\_\_\_\_  
 Legal Access:  No  Yes  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Manufactured SFR:**

Affixed:  No, This will be a land only listing  No, Sold with personal property  Yes, See Attached  
 FHA/VA Compliant  No  Yes  Unknown  
 Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Road**  City (incl. in taxes)  County  None  Private - Name of Provider: \_\_\_\_\_  
**Maintenance:** Road Maintenance Agreement:  No  Yes Agreement Recorded:  No  Yes  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Schools:**  
 District: \_\_\_\_\_ Elem: \_\_\_\_\_ Middle: \_\_\_\_\_ High: \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Sq. Footage:** Bldg. \_\_\_\_\_ sq. ft. Source:  Assessor  Appraiser (Name: \_\_\_\_\_ )  
 Owner  Broker  Other (Name: \_\_\_\_\_ )  
 Lot \_\_\_\_\_ sq. ft. Source:  Assessor  Appraiser (Name: \_\_\_\_\_ )  
 Owner  Broker  Other (Name: \_\_\_\_\_ )  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Taxes:** Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Exemptions: \_\_\_\_\_  
 Delinquent:  No  Yes, Amount Currently Owed: \$ \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Wood Infestation:**  No Record Found Online  Yes, See Attached  
 Date last treated: \_\_\_\_\_ Treated by: \_\_\_\_\_  
 Under Warranty Contract -  No  Yes, Expiration Date: \_\_\_\_\_  
 Provider: \_\_\_\_\_ Transfer fee amount: \$ \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Zoning:** Subject Property: Code \_\_\_\_\_ Municipality: \_\_\_\_\_  
**Surrounding** East: Code \_\_\_\_\_ Municipality: \_\_\_\_\_ North: Code \_\_\_\_\_ Municipality: \_\_\_\_\_  
**Properties:** West: Code \_\_\_\_\_ Municipality: \_\_\_\_\_ South: Code \_\_\_\_\_ Municipality: \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**UTILITIES:**

**Cable TV/Internet:**  Available, Company: \_\_\_\_\_  Not Available  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Electric:**  Available, Company: \_\_\_\_\_  Not Available  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Fire**  City (inc. in taxes)  Within fire district (inc. in taxes) - Name: \_\_\_\_\_  
**Protection:**  Subscription - required with: \_\_\_\_\_ Annual Fee: \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Garbage Service:**  City  Subscription Required  Paid by owner  Paid through HOA  
 Company: \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Gas:**  Connected  Available -  At lot line, or  Distance to lot line \_\_\_\_\_ ft.  Not Available  
 Bottled  Owned  Rented - Company: \_\_\_\_\_  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Septic:**  Installed Date: \_\_\_\_\_, Pumped/Certified Date: \_\_\_\_\_  
 No county records  No tank present  
 Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Sewer:**  Available -  At lot line, or  Distance to lot line \_\_\_\_\_ ft.  Not Available  
 Connected Date: \_\_\_\_\_,  No county records, Dye test ordered: \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Telephone:**  Available  Not Available  
Company: \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Water:** Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Paid by HOA?  Yes  No  
**Well:**  Private Well  Shared Well Registered with AZ Depart. Of Water Resources  Yes  No  
Well Agreement:  Yes  No Agreement Recorded:  Yes  No Placed in file: \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**LEASED ITEMS:**

**Solar:** Provider: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_ Terms: \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Water Softener:** Provider: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_ Terms: \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Alarm:** Provider: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_ Terms: \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Other:** Provider: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_ Terms: \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ADDITIONAL TRANSFERRABLE WARRANTIES:**

**Builder:**  Yes, Exp Date: \_\_\_\_\_  No Transfer Fee Amount: \$ \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Roof:**  Yes, Exp Date: \_\_\_\_\_  No Transfer Fee Amount: \$ \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Home Warranty:**  Yes, Exp Date: \_\_\_\_\_  No Transfer Fee Amount: \$ \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Other** \_\_\_\_\_:  Yes, Exp Date: \_\_\_\_\_  No Transfer Fee Amount: \$ \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Other** \_\_\_\_\_:  Yes, Exp Date: \_\_\_\_\_  No Transfer Fee Amount: \$ \_\_\_\_\_  
Information Source Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

There may be additional information about the property not contained in this worksheet.  
Verifications may require additional research.