

**RELOCATION
VENDOR'S/ HOMEOWNER'S CERTIFICATION**

Address of Property: _____

The Vendor certifies the following to be true:

MARKET LISTING

Is the home currently listed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (go to next question)
Original List Price: \$	_____	Current List Price: \$ _____
Date of last revision: _____	Days on market: _____	
Listing Agency: _____	Listing Agent: _____	
When was the house for sale previously: Date: _____		
How was it marketed?	<input type="checkbox"/> Realtor	<input type="checkbox"/> Privately
	<input type="checkbox"/> Word of mouth only	<input type="checkbox"/> Other _____

RENTAL/LEASE

Is any part of the home rented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(If "No," go to the next box.)</i>
Rent is \$ _____ per _____			
Part of home rented. _____			
Is there a lease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry Date: _____
Is the land leased?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(If "No," go to the next box.)</i>
Give details _____			

POOL

Is there a swimming pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(If "No," go to the next box.)</i>
<input type="checkbox"/> In-ground	<input type="checkbox"/> Aboveground	<input type="checkbox"/> Concrete	<input type="checkbox"/> Vinyl
Size _____	<input type="checkbox"/> Filtration Unit	<input type="checkbox"/> Vacuum	
Fence around pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

UFFI

To the best of your knowledge, is there any urea formaldehyde foam insulation (UFFI) in the home?

Yes No

BUILT-INS and EXTRAS

Please check all the following that are included in the sale of this home.

Storms/screens Humidifier Range x _____ Woodstove(s) x _____
 Central Air Dehumidifier Oven x _____ Auto Garage Door x _____
 Central Vacuum Elec. Air Cleaner Dishwasher Refrigerator
 Intercom Air Exchanger Garburator Security System
 Blinds Drapes Garden Shed Underground Sprinkler
 Washer Dryer Hot Tub Other _____

EQUIPMENT

Heating Equipment: Forced Air Steam/Hot Water Baseboard In-floor hydronic
 In-floor electric in-wall Other _____
 Fuel: Oil Electric Propane Natural Gas
 Other _____
 Estimated fuel costs for the last 12 months: _____
 Hot Water Tank: Capacity _____ Gal Litres
 Age of hot water tank: _____ Fuel: Electric Propane Natural Gas
 Water Softener Yes No
 Insulation:

BUILDER/WARRANT

When was the house built? _____ How old is the roof? _____
 Is the home under warranty? Yes No Warranty expiry date: _____

 Who is the builder? (*if known*) _____

RENOVATION

If the property was renovated during your ownership, please describe:

Were permits obtained for renovations? Yes No

If "No," why not? _____

If "Yes," please attach copies of permits and inspections.

MARKET HISTORY

Original purchase date: _____ Original purchase price: _____

HST: total purchase including net HST if applicable: _____

Has the home been on the market since you purchased it (includes private listing, word-of-mouth, and real estate listings)? Yes No

If yes, give listing dates and asking price. _____

EXTRAS/DEFICITS

Are there any leaks in the home? Problems with heating, plumbing, electrical? Pest infestations (termites, wood bugs, rodents)?

Please describe other features of the home, site, or location that may positively or negatively affect market value of the property.

Additional comment by Vendor/Homeowner

Vendor/Homeowner Name _____ Signature _____

Vendor/Homeowner Name _____ Signature _____

Protecting Your Privacy

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