



**R.I. REAL ESTATE SALES DISCLOSURE FORM  
RHODE ISLAND ASSOCIATION OF REALTORS®**



DATE \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

Seller \_\_\_\_\_ Current Address \_\_\_\_\_

**SELLER**

"Prior to the signing of an agreement to transfer real estate (vacant land or real property and improvements consisting of a house or building containing one (1) to four (4) dwelling units), Seller is providing Buyer with this written disclosure of all deficient conditions of which Seller has knowledge. This is not a warranty by Seller that no other defective conditions exist, which there may or may not be. Buyer should estimate the cost of repair or replacement of deficient conditions prior to submitting an offer on this real estate. Buyer is advised however not to rely solely upon the representation of Seller made in this disclosure, but to conduct any inspections or investigations which Buyer deems to be necessary to protect his or her best interest." Nothing contained herein shall be construed to impose an affirmative duty on the Seller to conduct inspections as to the condition of this real estate.

**STRUCTURE**

**Please indicate by a check mark for "Yes" or "No," or mark "UK" (Unknown), if you do not have actual knowledge of the property conditions.**

1. **Seller Occupancy** Seller has occupied property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number of years: \_\_\_\_\_

2. **Year Built** \_\_\_\_\_ Additions: \_\_\_\_\_ Year: \_\_\_\_\_

3. **Roof (Shingles)** Age: \_\_\_\_\_ # of Layers: \_\_\_\_\_

4. **Fireplaces** # \_\_\_\_\_ #Working: \_\_\_\_\_ Maintenance History: \_\_\_\_\_

5. **Wood Burning Stove** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when installed? \_\_\_\_\_ Permit received? Yes (attach copy) \_\_\_\_\_ No \_\_\_\_\_

6. **Insulation** Wall/type: \_\_\_\_\_ Ceiling/Type: \_\_\_\_\_ Floor/Type: \_\_\_\_\_ Unknown \_\_\_\_\_

7. **Radon** "Radon has been determined to exist in the State of Rhode Island. Testing for the presence of Radon in residential real estate prior to purchase is advisable." Has building been tested for Radon? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, # of Pico curies/liter: \_\_\_\_\_  
Copy of test available? Yes \_\_\_\_\_ No \_\_\_\_\_ Was any action taken? \_\_\_\_\_

8. **Electrical Service** Fuses \_\_\_\_\_ Circuit Breakers \_\_\_\_\_ Amps \_\_\_\_\_ Unknown \_\_\_\_\_

9. **Heating System** Type: \_\_\_\_\_ Age: \_\_\_\_\_ If oil fuel, size of tank: \_\_\_\_\_ Underground tanks on property? Yes \_\_\_\_\_ (Size?) \_\_\_\_\_ No \_\_\_\_\_  
Number of zones of heat: \_\_\_\_\_ Any supplemental heating? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

10. **Domestic Hot Water** Heating Source: \_\_\_\_\_ If a separate tank, capacity: \_\_\_\_\_ gal. Age \_\_\_\_\_ Rented Hot Water Heater? Yes \_\_\_\_\_ No \_\_\_\_\_

**UTILITIES**

11. **Sewage System** Type (private, public or both): \_\_\_\_\_ If public system available, is it connected? Yes \_\_\_\_\_ No \_\_\_\_\_  
If public, Assessment (If any): \_\_\_\_\_ Minimum Annual Fee: \$ \_\_\_\_\_  
If private, Cesspool \_\_\_\_\_ Septic \_\_\_\_\_ Leach field \_\_\_\_\_ Galleys \_\_\_\_\_ #Bedrooms/per ISDS Design: \_\_\_\_\_  
Other Connections (Drywell, etc.): \_\_\_\_\_ Location: \_\_\_\_\_  
Date installed: \_\_\_\_\_ Maintenance History (Any Failure): \_\_\_\_\_  
Sanitation Company used: \_\_\_\_\_ Last pumped: \_\_\_\_\_

12. **Water System** Public \_\_\_\_\_ Filtration System? Yes \_\_\_\_\_ No \_\_\_\_\_  
Private \_\_\_\_\_ If private: "Buyer understands that this property is, or will be served by a private water supply (well) which may be susceptible to contamination, availability, and potentially harmful to health. If a public water supply is not available, the private water supply must be tested in accordance with regulations established by the RI Department of Health pursuant to R.I.G.L. Section 23-1-5.3. The Seller of that property is required to provide the Buyer with a copy of any private water supply (well) testing results in the Seller's possession and notify the Buyer of any known problems with the private water supply (well)."  
Dug well or drilled well? \_\_\_\_\_ Depth: \_\_\_\_\_ Location: \_\_\_\_\_ Filtration System? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is well water inspection certificate available? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach copy \_\_\_\_\_

**MUNICIPAL INFORMATION**

13. **Property Tax** \$ \_\_\_\_\_ for fiscal/calendar year ending \_\_\_\_\_ Tax Rate: \_\_\_\_\_ Current Exemptions: \_\_\_\_\_

14. **Deed** Type of deed to be conveyed: \_\_\_\_\_ #of parcels conveying: \_\_\_\_\_

15. **Zoning** "Buyers of real estate in the State of Rhode Island are legally obligated to comply with all local real estate ordinances; including, but not limited to ordinances on the number of unrelated persons who may legally reside in a dwelling, as well as ordinances on the number of dwelling units permitted under the local zoning ordinances. If the subject property is located in a historic district, that fact must be disclosed to the buyer, together with the notification that property located in a historic district may be subject to construction, expansion, or renovation limitations. Contact the local building inspection official for details."  
Classification: \_\_\_\_\_ Is the current use a permitted use under the current zoning regulations? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_  
If no, explain: \_\_\_\_\_  
Is the current use non-conforming in any other way? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

16. **Restrictions** Plat or other? Yes \_\_\_\_\_ No \_\_\_\_\_ Copy available to Buyer: \_\_\_\_\_

17. **Building Permits** Have you applied for or been granted a special permit for this property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
Have building permits been obtained for all required construction and/or renovation while you have owned the property? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_

18. **Building Code/or Minimum Housing** Violations: \_\_\_\_\_

19. **Flood Plain** Is the property located in a flood plain? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_  
Is there flood insurance on the property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, \$ \_\_\_\_\_ per year.

20. **Wetlands** The location of coastal wetlands, bays, fresh water wetlands, ponds, marshes, river banks or swamps, as those terms are defined in RIGL 2-1 and the associated buffer areas may impact future property development. If known, Seller must disclose to the Buyer any such determination on all or part of the land made by the Department of Environmental Management.  
Has all or part of property been determined to be coastal wetland, bog, freshwater wetland, pond, marsh, river bank or swamp? Yes (Explain) \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

21. **Megan's Law** If the Buyer is concerned about convicted felons in the neighborhood, he/she should contact the local police authority.

**MISCELLANEOUS**

22. **Condo/Assoc. Fees** Monthly Condo/Association Fee: \$ \_\_\_\_\_ Outstanding Assessments: \$ \_\_\_\_\_
23. **Multi-family or Other Rental Property** Are income and expense figures available? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach copies \_\_\_\_\_  
 Lease(s) period: \_\_\_\_\_ Copies available? Yes \_\_\_\_ No \_\_\_\_ Number of Units: \_\_\_\_  
 Are the existing rents current? Yes \_\_\_\_\_ No \_\_\_\_\_ Security Deposits \_\_\_\_\_  
 Are all units legal for the current zoning and use? Yes \_\_\_\_ No \_\_\_\_ Appliances Offered: \_\_\_\_\_
24. **Pools & Equipment** Age of pool: \_\_\_\_\_ Maintenance history: \_\_\_\_\_  
 Was a permit obtained for the pool? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_
25. **Lead Contamination** "Every Purchaser of any interest in residential property is notified that such property may present exposure to lead from lead-based hazards 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 property is required to provide the Buyer with any information on lead or lead hazards in paint, interior dust, soil, or water from risk assessments or inspections in the Seller's possession and notify the Buyer of any known or potential lead or lead-based hazards, and must receive a lead disclosure and educational brochure. A risk assessment or inspection for possible lead-based hazards is recommended prior to purchase." Have you ever had a lead paint inspection conducted? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, copy of report available. Yes \_\_\_\_\_ No \_\_\_\_\_
26. **Smoke/Carbon Monoxide Detectors** Installed and functioning? Yes \_\_\_\_ No \_\_\_\_ Seller is required to provide certificate from the local fire official within 60 days prior to closing in Rhode Island attesting that smoke and carbon monoxide detectors have been properly installed.

**STRUCTURE**

- Do any defects/malfunctions exist in any of the following? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).**
- | <b>Y</b>                 | <b>N</b>                 | <b>UK</b>                | <b>NA</b>                |  | <b>Y</b>                 | <b>N</b>                 | <b>UK</b>                | <b>NA</b>                |                      | <b>Y</b>                 | <b>N</b>                 | <b>UK</b>                | <b>NA</b>                |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical System(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bulkhead/Hatchway                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Walls       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewer/Septic System      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceilings                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floors               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sidewalks                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chimney(s)                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation/Slab(s)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls/Fences             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interior Walls       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water System/Well Equip. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driveway(s)                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Structural Components (Describe) _____ |                          |                          |                          |                          |                      |                          |                          |                          |                          |                          |
- If the answer to any of the items is Yes (Y), please explain. (Attach additional sheets if necessary.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EQUIPMENT / SYSTEMS**

- Does any item, equipment or system in or on the property and conveying with the sale need repair or replacement? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).**
- | <b>Y</b>                 | <b>N</b>                 | <b>UK</b>                | <b>NA</b>                |                          | <b>Y</b>                 | <b>N</b>                 | <b>UK</b>                | <b>NA</b>                |                        | <b>Y</b>                 | <b>N</b>                 | <b>UK</b>                | <b>NA</b>                |                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alarm/Security System    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Generator              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Satellite Dish         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling/Whole House Fan  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot Tub/Sauna          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sump Pump              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Central Air Conditioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot Water Tank/Storage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trash Compactor        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Central Heat System      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intercom System        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Central Vac/Equipment    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jacuzzi/Whirlpool      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Treatment System |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dishwasher               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Kitchen Stove/Oven     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wood/Coal Stove        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dryer                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lawn Sprinkler System  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Freezer                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lighting Fixtures      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garage Door Opener(s)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pool                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage Disposal         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pool Equipment         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gas-Fired Fireplace      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  |
- If the answer to any of the items is Yes (Y), please explain. (Attach additional sheets if necessary.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

