



2-4 FAMILY DISCLOSURE
Greater Hartford Association of REALTORS®, Inc.



This 2-4 Family Disclosure is with respect to the Property located at _____
 which is owned by _____ (Seller).

Seller discloses the following information concerning the Property: [CHECK APPLICABLE ITEM (S)]

1. 2-4 Family Property. The Property contains _____ residential units and _____ commercial units. Seller does does not occupy one of the apartments. If Seller occupies one of the apartments, that apartment is identified as follows: _____.

2. Tenants. The tenants of the Property are as follows:

- | | |
|---|---|
| <p>A.</p> <p>1. Unit No. _____</p> <p>2. Tenants: _____</p> <p>3. Rent: _____</p> <p>4. Rent is up to date OR rent is delinquent in the amount of: \$ _____</p> <p>5. Security deposit: _____</p> <p>6. Lease is <input type="checkbox"/> oral <input type="checkbox"/> month-to-month OR <input type="checkbox"/> written, expiring on: _____</p> | <p>C.</p> <p>1. Unit No. _____</p> <p>2. Tenants: _____</p> <p>3. Rent: _____</p> <p>4. Rent is up to date OR rent is delinquent in the amount of: \$ _____</p> <p>5. Security deposit: _____</p> <p>6. Lease is <input type="checkbox"/> oral <input type="checkbox"/> month-to-month OR <input type="checkbox"/> written, expiring on: _____</p> |
| <p>B.</p> <p>1. Unit No. _____</p> <p>2. Tenants: _____</p> <p>3. Rent: _____</p> <p>4. Rent is up to date OR rent is delinquent in the amount of: \$ _____</p> <p>5. Security deposit: _____</p> <p>6. Lease is <input type="checkbox"/> oral <input type="checkbox"/> month-to-month OR <input type="checkbox"/> written, expiring on: _____</p> | <p>D.</p> <p>1. Unit No. _____</p> <p>2. Tenants: _____</p> <p>3. Rent: _____</p> <p>4. Rent is up to date OR rent is delinquent in the amount of: \$ _____</p> <p>5. Security deposit: _____</p> <p>6. Lease is <input type="checkbox"/> oral <input type="checkbox"/> month-to-month OR <input type="checkbox"/> written, expiring on: _____</p> |

Have you been notified of any claim or violation against you by any Tenant or municipal or health official? Yes No

3. Services. The following services are included in the monthly rent [check one or more]:

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Unit No. _____ | Unit No. _____ | Unit No. _____ | Unit No. _____ |
| <input type="checkbox"/> Water | <input type="checkbox"/> Water | <input type="checkbox"/> Water | <input type="checkbox"/> Water |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Electric | <input type="checkbox"/> Electric | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Oil | <input type="checkbox"/> Oil | <input type="checkbox"/> Oil | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Gas | <input type="checkbox"/> Gas | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Telephone | <input type="checkbox"/> Telephone | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Trash | <input type="checkbox"/> Trash | <input type="checkbox"/> Trash | <input type="checkbox"/> Trash |
| <input type="checkbox"/> Snow removal | <input type="checkbox"/> Snow removal | <input type="checkbox"/> Snow removal | <input type="checkbox"/> Snow removal |
| <input type="checkbox"/> Lawn/grounds | <input type="checkbox"/> Lawn/grounds | <input type="checkbox"/> Lawn/grounds | <input type="checkbox"/> Lawn/grounds |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

4. Fixtures. All of the fixtures at the Property are owned by Seller except: _____

5. Furniture. All of the furniture at the Property is owned by the tenant(s) except: _____

6. Appliances. All appliances at the Property are owned by the Seller except: _____

NOTE: Seller represents that the information contained in this Disclosure is accurate as of the date it is signed by Seller, but makes no representations as to the continuing accuracy of this information after such date.

SELLER(S)

 Date: _____

Buyer acknowledges that Buyer has read and received a copy of this 2-4 Family Disclosure.

BUYER(S)

 Date: _____

Enter property address as it is listed on the Purchase and Sales Agreement.

Enter all Seller names as they appear on the Purchase and Sales Agreement.

Enter number of residential units.

Enter number of commercial units, if applicable.

Check whether or not the Seller occupies any of the units.

If Seller occupied, list the unit number the Seller lives in.

If tenant occupied, check here and complete each section as applicable.

Fill in information for all tenants including rent (current or delinquent), security deposits being held and type of leases and when they expire unless they are month to month.

Please check here if you have been notified of any claim or violation against you by any Tenant or municipal or health official.

Check all services that are included in the rent. Make sure to include the unit number for each.

List any fixtures that may belong to a tenant, if any. Include the unit number and specify the fixture.

List any furniture owned by the Seller, if applicable. Include the unit number and specify what furniture it is.

List any appliances owned by the tenant, if applicable. Specify unit number and the appliance(s).

All Sellers must sign and date.

All Buyers must sign and date.