



CITY OF CLEVELAND
CERTIFICATE OF DISCLOSURE APPLICATION FOR
TRANSFERRING RESIDENTIAL PROPERTY (1-4 UNITS)

File No:
 Fee: \$60.00

Escrow/Transferring Agent must ensure this form is completed in its entirety prior to transfer. Indicate "NA" for all questions that do not apply.

PART A: TO BE COMPLETED BY ESCROW/TRANSFERRING AGENT **DATE:**

Property Address: Permanent Parcel Number: Sub Lot No: Seller's Name(s): Address: Telephone Number: Transfer Date of Property to Seller: <i>If seller is a corporation, please indicate on a separate sheet of paper the names, addresses and telephone numbers for the statutory agent and officers.</i>	Name, Business Address, Telephone Number, State License Number for all Real Estate Agents and/or Brokers involved in this transaction. (Attach a separate sheet of paper if necessary.)
Purchaser's Name(s): Address: Telephone Number: <i>If purchaser is a corporation, please indicate on a separate sheet of paper the names, addresses and telephone numbers for the statutory agent and officers.</i>	Name, Business Address, Telephone Number of the first and, if applicable, subsequent mortgagee. (Attach a separate sheet of paper if necessary.)
Appraiser's Name: Business Name: Business Address: Telephone Number: License Number: State Certification Number:	Name, Address, Telephone Number of any/all assignees. (Attach a separate sheet of paper if necessary.)
Loan Originator's Name: Business Name: Business Address: Telephone Number:	Was Purchase Agreement Signed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title Company's Name: Business Address: Telephone Number:	

I, hereby, attest the above information is true to the best of my actual knowledge this _____ day of _____.

Escrow/Transferring Agent _____

The above section must be completed by the escrow/transferring agent prior to closing, transferring and filing with the County of Cuyahoga.

PART B: TO BE COMPLETED BY OWNER

The Owner(s) represents that the statements contained in this form are made in good faith based on his/her actual knowledge as of the date signed by the Owner(s).

Owner _____ Date _____ Owner _____ Date _____

After completion of Part B, please mail entire Certificate of Disclosure Application and \$60.00 processing fee to: City of Cleveland, Dept. of Building & Housing, Records Administration - Room 517, 601 Lakeside Avenue, Cleveland, Ohio 44114; Telephone: (216) 664-2826

PART C: CONDITION OF PROPERTY - TO BE COMPLETED BY CITY OF CLEVELAND PERSONNEL

- | | |
|--|---|
| 1. Property Address: _____
2. Permanent Parcel Number: _____
3. Sub Lot No: _____
4. Legal authorized use of property? _____
5. How many structures on lot? _____
6. Is property new construction? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, year built. _____
7. Has Certificate of Occupancy been issued? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when? _____ | 8. Is property in an Historic District?* Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Is property condemned? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when? _____
10. Has property ever been condemned? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when? _____
11. Are there any current (within last 2 years) reported violations on property? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, attach Violation Notice(s). |
|--|---|

I, hereby, attest the above information is true this _____ day of _____.

Deputy Director Robert Vilkas, RA, CBO

***If property is in an Historic District, contact the City of Cleveland's Landmarks Commission at 664-2532 to obtain guidelines on maintaining this property**

The above section must be stamped and sealed by the Chief Building Official of Building and Housing only upon completion of Parts A & B and prior to transferring and filing with the County of Cuyahoga.

PART D: TO BE COMPLETED BY PURCHASER *Certificate of Disclosure Application is not valid if not notarized.*

RECEIPT & ACKNOWLEDGEMENT OF POTENTIAL PURCHASER(S)

I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS CERTIFICATE OF DISCLOSURE FORM AND ANY VIOLATIONS AND CONDEMNATION HISTORY ASSOCIATED WITH THIS PROPERTY. I/WE UNDERSTAND THE STATEMENTS ARE MADE BASED ON THE OWNER(S) AND ESCROW/TRANSFERRING AGENT'S ACTUAL KNOWLEDGE AS OF THE DATE SIGNED BY THE OWNER AND ESCROW/TRANSFERRING AGENT.

My/Our signature below does not constitute approval of any disclosed condition as represented herein by the owner.

Purchaser _____ Date _____ Purchaser _____ Date _____

Notary Public _____