

STRICTLY CONFIDENTIAL
SELLER'S DISCLOSURE STATEMENT

Community Name: _____

Property Address: _____
Street City, Village or Township State Zip Code

Purpose of Statement: This statement is a disclosure of the condition and information concerning the property, known by the Seller. Unless otherwise advised, the Seller does not possess any expertise in construction, architecture, engineering or any other specific area related to the construction or condition of the improvements on the property or the land. Also, unless otherwise ADVISED, the Seller has not conducted any inspection of generally inaccessible areas. **This statement is not a warranty of any kind by the Seller or by MHP 360 representing the Seller in this transaction, and it is not a substitute for any inspection or warranties the Buyer may wish to obtain.**

Seller's Disclosure: The Seller discloses the following information with the knowledge that even though this is not a warranty, the Seller specifically makes the following representations based on the Seller's knowledge at the signing of this document. The Seller authorizes MHP 360 to provide a copy of this statement to any prospective Buyer in connection with any actual or anticipated sale of property. The following are representations made solely by the Seller and are not the representations of MHP 360. **THIS INFORMATION IS A DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY CONTRACT BETWEEN BUYER AND SELLER.**

Instructions to the Seller: (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Attach additional pages with your signature if additional space is required. (4) If some items do not apply to your property, check NOT APPLICABLE. If the answer to the question is unknown, check UNKNOWN.

GENERAL COMMUNITY INFORMATION

1. Is the Campground required to be licensed by the state? _____
Campground License Expiration Date: _____ License Fee: \$ _____
State Regulatory Agency: _____
Contact Information: _____

2. Community Year Built: _____ Total # Sites: _____

SITE BREAKDOWN	Number
# Approved, Licensed Sites	
# Occupied Sites	
# Occupied Park-Owned Homes	
# Vacant, Park-Owned Homes	
# Abandoned Homes	
# Vacant Sites with Utilities	
# Partially Developed Home Sites	
# Consolidated Homes	
# Undeveloped Home Sites	
# Expansion Sites	

3. Does the owner have titles to any homes? _____ If yes, how many? _____
4. State governing agency to apply for replacement/lost titles:
Name: _____
Phone: _____
5. Average Age of Manufactured Homes: _____
6. Delinquency Rate: _____%

Seller
Initials

Buyer
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Occupancy Rate	Current Year	Previous Year	Year Before Last
Percentage	%	%	%

Rent Collection	Current Year	Previous Year	Year Before Last
Percentage	%	%	%

Resident Profile	Family	Adult	55+
Percentage	%	%	%

COMMUNITY OPERATIONAL PROCEDURES

- When does the campground open and close? _____
- Do residents sign leases? Yes No Lease Terms: Annual/Seasonal Monthly Weekly
- Are the residents have the same Anniversary Date for Renewal? Yes No
- Rent Increase History for the last 10 years:

RENT INCREASE DATES	AMOUNT	EXCLUDED HOME SITES (Y/N) & SITE #

- Is there a specific time for rent increases? Yes No

If YES, please explain: _____

- Is the community under rent control? Yes No

- Rent Concessions:

Rent Concession Type	YES or NO	Amount \$	Terms
Senior Discount			
Pay Early Discount			
Resident Referral			
Other:			
Other:			
Other:			
Other:			

- Special arrangements made with the residents, such as lot rent charges, special pay dates, etc.: _____

- Does the Community own / operate any rent management software? Yes No

If YES, please provide the name of the software: _____

- Will there be an automatic transfer of tenant information through the rent management software available to the Purchaser at Purchaser's expense? Yes No Not Applicable

Seller
Initials

Buyer
Initials

COMMUNITY CHARGES & FEES

TYPE	YES or NO	Amount \$	Terms
Security Deposits			
Mailbox Security Deposits			
Month-to-Month Fee			
Application Fee			
Late Fee			
Pet Fee			
Extra Parking			
Storage Fees			
Municipal Fee			
School Tax			
Clubhouse Rental			
Banquet Hall Rental			
Workout Room Keys			
Pool Key			
Other			

OFFICE CLUBHOUSE & EQUIPMENT

TYPE	YES or NO	TYPE
Office Furniture		
Computer		
Computer Software		
Printer		
Fax Machine		
Scanner		
Xerox Machine		
Telephone System		
Telephone Number		
Security Camera & Equipment		
Arcade Games		
Pool Table		
Television		
Appliances		
Other		

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COMMUNITY OFFICE PERSONNEL

Name: _____ Position: _____

Employment Type: _____ W2 _____ 1099 Start Date: _____

Salary/Wages: \$ _____ Lives On-Site: _____

Employment Terms	YES	NO	Amount \$	Terms
Full-Time				
Part-Time				
Independent Contractor				
Free Lot Rent				
Reduced Lot Rent				
Free Home Rent				
Bonus / Commissions				
Health Care Benefits				
Fuel Allowance				
Other				

Employment Duties	YES	NO	DESCRIBE
Rent Collection			
Evictions			
Advertisement			
Accounts Receivable / Payable			
Handle Resident Complaints:			
Schedule Maintenance & Repairs:			
Other:			

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COMMUNITY OFFICE PERSONNEL (CONTINUED...)

Name: _____

Position: _____

Employment Type: _____ W2 _____ 1099

Start Date: _____

Salary/Wages: \$ _____

Lives On-Site: _____

Employment Terms	YES	NO	Amount \$	Terms
Full-Time				
Part-Time				
Independent Contractor				
Free Lot Rent				
Reduced Lot Rent				
Free Home Rent				
Bonus / Commissions				
Health Care Benefits				
Fuel Allowance				
Other				

Employment Duties	YES	NO	DESCRIBE
Rent Collection:			
Evictions:			
Advertisement:			
Accounts Receivable / Payable:			
Handle Resident Complaints:			
Schedule Maintenance & Repairs:			
Other:			

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COMMUNITY MAINTENANCE PERSONNEL

Name: _____

Position: _____

Employment Type: _____ W2 _____ 1099

Start Date: _____

Salary/Wages: \$ _____

Lives On-Site: _____

Employment Terms	YES	NO	Amount \$	Terms
Full-Time				
Part-Time				
Independent Contractor				
Free Lot Rent				
Reduced Lot Rent				
Free Home Rent				
Bonus / Commissions				
Health Care Benefits				
Fuel Allowance				
Other				

Employment Duties	YES	NO	DESCRIBE
Lawn Care – Mow Community Common Areas:			
Lawn Care – Mow Vacant, Park-Owned Home Sites:			
Lawn Care – Mow Resident Home Sites			
Snow Removal			
Water System – Operations			
Water System – Maintenance			
Sewage System – Operations			
Sewage System – Maintenance			
Manufactured Home Renovations			
Electrical			
Plumbing			
Mechanical			
Painting			
Other:			

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COMMUNITY MAINTENANCE PERSONNEL (CONTINUED....)

Name: _____ Position: _____

Employment Type: _____ W2 _____ 1099 Start Date: _____

Salary/Wages: \$ _____ Lives On-Site: _____

Employment Terms	YES	NO	Amount \$	Terms
Full-Time				
Part-Time				
Independent Contractor				
Free Lot Rent				
Reduced Lot Rent				
Free Home Rent				
Bonus / Commissions				
Health Care Benefits				
Fuel Allowance				
Other				

Employment Duties	YES	NO	DESCRIBE
Lawn Care – Mow Community Common Areas			
Lawn Care – Mow Vacant, Park-Owned Home Sites			
Lawn Care – Mow Resident Home Sites			
Snow Removal			
Water System – Operations			
Water System – Maintenance			
Sewage System – Operations			
Sewage System – Maintenance			
Manufactured Home Renovations			
Electrical			
Plumbing			
Mechanical			
Painting			
Other:			

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LAND DESCRIPTION

1. Acreage: _____
2. Property Lot Dimensions: _____
3. Number of Parcels: _____
4. Parcel Identification #'s: _____

5. Are there any NON-Park-Owned Parcels located within the community? Yes No
6. Nearest Town/City with population more than 50,000: _____
7. Nearest Metropolitan Area: _____
8. City / Town Population: _____ County Population: _____

MINERAL RIGHTS

1. Mineral Rights Ownership: Yes No
If YES, will they be conveyed with the sale? _____
If NO, then who owns the Mineral Rights? _____

ZONING

1. The property is currently zoned _____ by _____ (County).
2. Current use is: Conforming Non-Conforming
 Permitted by Variance Permitted by Special Exceptions
 Other: _____ Unknown
3. Are you aware of any pending or proposed changes in zoning? Yes No
If YES, please explain: _____
4. Does the Zoning permit a Campground at its present location? Yes No
5. Is the park operated under "Grandfathered" zoning? Yes No
6. Can the Campground be expanded? Yes No
If YES, how many additional sites? _____ Utility tap in location: _____
Approved Engineering? Yes No Engineering Plans Available? Yes No
7. Are there any zoning laws that specify if a percentage of manufactured homes in a campground / mobile home park that has grandfathered zoning are destroyed by means of fire, tornado, hurricane, etc., which those lots will not be allowed to be rented again? Yes No
If YES, please explain: _____

8. Restrictions regarding the age of a manufactured home moved/sold in the county? Yes No
If YES, please explain: _____

SPECIAL ASSESSMENTS: Yes No Unknown

Type: _____ Cost: \$ _____

Billing Terms: _____

Please attach any documentation.

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PROPERTY CLAIMS &/OR LAWSUITS

1. Are you aware of any existing or threatened action, suits, or government proceedings relating to the property? Yes No If YES, please explain: _____.
2. Are you aware of any reason, including defect in title, which would prevent you from conveying title to the property? Yes No If YES, please explain: _____
3. Are you aware of any insurance claims filed relating to the property? Yes No
If YES, please explain: _____

WATER SYSTEMS

1. Is Water included in the monthly site rent? Yes No
If the water is charged separately to the residents, then how are the residents billed?

Resident Water Billing Terms	Check Box	Amount \$	Terms
Actual Metered Usage Billed Direct by City / Township			
Actual Metered Usage Billed by Owner			
Actual Metered Usage Billed by hired Re-bill Company			
Flat Rate Billed by Owner			
Other:			

Water Billing Company Contact Information if other than Owner:

Name: _____
 Address: _____
 Phone: _____

2. Type of Water System:

Water System Type	Check Box	Condition
City Water with Lines Dedicated to the City		
City Water with Lines Maintained by Owner		
Private Water System Maintained by Owner		
Private Water System Maintained by Service Vendor		
Other:		

Water System Service Operator Contact Information (If Applicable):

Name: _____
 Address: _____
 Phone: _____

3. Community Water Agreements: Yes No
If YES, please provide a copy of the community water agreement.

4. Size of the Water Lines: _____

5. Size of the Water Mains: _____

System Component	Copper	Galvanized	PVC	Lead	Unknown	Other
Risers						
Water Lines						

 Seller Initials Buyer Initials

6. Any known existing water leaks? Yes No Unknown
 If YES, please explain: _____
7. When were the water lines installed? _____
8. Number of times the water lines leaked in the past three (3) years: _____
9. History of repairs, upgrades and associated costs: _____

- Repairs made by Owner Contractor _____
- If applicable, please attach copies of invoices and contractor contact information.
10. Location of Shut-off Valves: _____
11. Location & Number of Line Flush Valves: _____

CITY WATER SYSTEM

1. City Water Charged to Owner by Metered Usage Flat Rate
2. Are the water lines dedicated to the city/township? Yes No
 If YES, please provide a copy of the agreement.
3. Any Known Municipal Assessments: Yes No
 If YES, please explain: _____

NOTICE TO CONNECT TO MUNICIPAL WATER SERVICES

1. Any knowledge or notices that would require the community to hookup to City Water? Yes No
 If YES, please complete the chart below:

WATER CONNECTION TERMS	YES	NO	Unknown	Amount \$	Actual	Anticipated
Hookup Fee per Site						
Hookup Fee per Main						
Engineering Costs						
Lump Sum Payment Required						
Payment Terms Available						
Special Assessment(s) included in Property Tax						
Additional Water Hookup Agreements						

If you answered YES to any of the above questions, please describe the terms and attach any written agreements: _____

 Seller Initials Buyer Initials

PRIVATE WATER SYSTEM:

1. Number of Wells on the premises and location(s): _____
2. Well Diameter(s): _____
3. Well Depth(s): _____

4. Private Water System License Requirements by State Regulatory Agencies:

Private Water System Components	YES	NO	License / Permit #	Expires	Annual Cost
Well Operator's License Required					
Well Permit Required					
Other:					

5. Private Water System Attributes:

Private Water System Attributes	YES	NO	N/A	UNKNOWN	DESCRIBE
Any Known Violations					
Any Known Problems to Water Supply/System					
Abandoned Well(s) Onsite					
Abandoned Well(s) Properly Decommissioned					
Arsenic Remediation Required					
Galvanic Erosion					
State Water Test Requirements					
Cross Connection Control Program Required					
State Minimum # of Gallons Pumped per Minute					
Water Tests resulting in Contamination					
Leak Detection Reports Available					
Pumping System in Working Order					
(3) Years Water Reports Available					
(3) Years Annual Pumpage Reports Available					
Other:					

6. State Water Test Requirements and Typical Costs associated: _____

7. Water Sample Tester Contact Information if other than MHP Owner:

Name: _____
 Address: _____
 Phone: _____

 Seller Initials Buyer Initials

SEWAGE SYSTEMS

1. Is Sewage included in the monthly site rent? Yes No

If sewage is charged separately to the Residents, then how are the Residents billed?

Resident Sewage Billing Terms	Check Box	Amount \$	Terms
Actual Metered Usage Billed Direct by City / Township			
Actual Metered Usage Billed by Owner			
Actual Metered Usage Billed by hired Re-bill Company			
Flat Rate Billed by Owner			
Other:			

Sewage Billing Company Contact Information if other than Owner:

Name: _____

Address: _____

Phone: _____

2. Type of Sewage / Wastewater System:

Sewage / Wastewater System Type	Check Box	Condition
City Sewer with Lines Dedicated to the City		
City Sewer with Lines Maintained by Owner		
Sewage Treatment Plant Maintained by Owner		
Sewage Treatment Plant Maintained by Service Vendor		
Septic / Drain Field System Maintained by Owner		
Septic / Drain Field System Maintained by Service Vendor		
Lagoon Maintained by Owner		
Lagoon Maintained by Service Vendor		

Sewage / Wastewater Operator Contact Information (If Applicable):

Name: _____

Address: _____

Phone: _____

3. Date System System was installed: _____

4. Community Sewage Agreements: Yes No

If yes, please provide a copy of the community sewage agreement.

5. Sewer Lines are made of:

System Component	PVC	Cast Iron	Clay	Unknown	Other	Condition
Sewer Lines-Phase I						
Sewer Lines-Phase II						

6. How many times per year are the sewer lines cleaned? _____

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LIFT STATIONS

- 1. Are there lift stations on the property Yes No If YES, how many? _____
- 2. Number of Pumps in Each Station: _____ Age of Lift Stations: _____
- 3. Type of Tanks: Metal/steel Cement/concrete Fiberglass Unknown
- 4. Lift Stations Attributes:

Lift Station System Attributes	YES	NO	N/A	UNKNOWN	DESCRIBE
State License Required					
Discharge Permits Required					
Any Known Violations					
Any Known Problems to Lift Station(s)					
Lift Station Warning Lights					
Electrical Backup					
Pumps in Working Order					
Backup Pumps Available					
Maintained by Owner					
Maintained by Service Vendor					
Updates / Repairs within last 5 years					
Other:					

Service Vendor Contact Information (If Applicable or Recommendation):
 Name: _____
 Address: _____
 Phone: _____

State Regulatory Agency Contact Information (If Applicable):
 Name: _____
 Address: _____
 Phone: _____

CITY SEWER SYSTEMS

- 1. City Sewer Charged by Metered Usage Flat Rate
- 2. Are the Sewer Lines dedicated to the city/township? Yes No
 If YES, please provide a copy of the agreement and supporting documentation.
- 3. Special Assessments for City Sewer? Yes No
 If YES, please explain: _____

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NOTICE TO CONNECT TO MUNICIPAL SEWAGE SERVICES

1. Any knowledge or notices that would require the community to hookup to City Sewer? Yes No

If YES, please complete the chart below:

SEWER CONNECTION TERMS	YES	NO	Unknown	Amount \$	Actual	Anticipated
Hookup Fee per Site						
Hookup Fee per Main						
Engineering Costs						
Lump Sum Payment Required						
Payment Terms Available						
Special Assessment(s) included in Property Tax						
Additional Sewer Hookup Agreements						

If you answered YES to any of the above questions, please describe the briefly describe the terms and attach any written agreements: _____

PRIVATE SEWAGE SYSTEM

1. Private Water System License Requirements by State Regulatory Agencies:

Private Sewage System Requirements	YES	NO	License / Permit #	Expires	Annual Cost
Sewage Operator's License Required					
Sewage Treatment Permit Required					
Discharge Permit Required					
Other:					

****If there is not any state license requirement for the community's private sewage system, please provide any supporting documentation.**

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STORM DRAINS

1. # of Storm Drains on premises: _____ Storm Drain Discharge Point: _____
2. Date Storm Drains were last cleaned: _____ Storm-Water Drainage Problems: Yes No

If YES, please explain: _____

Storm Drain Service Vendor Contact Information (If Applicable or Recommendation):

Name: _____

Address: _____

Phone: _____

GAS LINES

1. Fuel Type: _____ Natural Gas _____ Propane _____ Other: _____
2. What are the Gas Lines made of? Black Pipe PVC PE Other: _____ Unknown
3. Who maintains the Gas Lines? Owner Gas Company

Gas Company Contact Information:

Name: _____

Address: _____

Phone: _____

4. The Gas Service is: _____ Master Metered to Owner
_____ Sub-master Metered to Owner & Re-billed to Residents
_____ Individually Metered by Gas Company
_____ Propane Tank filled by Resident as needed
5. Gas Meters are maintained by: _____ Owner _____ Gas Company
6. Have the gas line system been pressure tested during the course of ownership? Yes No
7. Any known history of Gas Leaks: Yes No

If YES, please explain: _____

8. Upgrades to Gas Lines in the last 10 years: Yes No

If YES, please explain: _____

ELECTRIC

1. Electric Lines are: Above-Ground Underground Combination
2. Electric Service is: Master Metered Sub-Metered Individually Metered by Electric Co.
3. Is Electric Re-billed to Residents? Yes No
If YES, how it is re-billed? Owner Re-Bill Vendor
4. What is the Electrical Amperage at each home site? 60 Amp 100 Amp 200 Amp Combo
5. Electric Poles are maintained by: Owner Electric Company
6. Are you aware of any problems or repairs needed in the Electrical System? Yes No

If YES, please explain: _____

_____ Seller Initials	_____ Buyer Initials
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7. Any Upgrades to the Electrical in the last 10 years? Yes No

If YES, please explain: _____

COMMUNITY AMENITIES

AMENITY TYPE	YES	NO	CONDITION	AMENITY	YES	NO	CONDITION
Community Office				Swimming Pool			
Community Clubhouse				Lake Frontage			
Maintenance Building				Lake Access			
Storage Area / Facilities				Beach Area			
RV Storage Area				No Wake Lake			
Gated Community				Fishing Lake			
Guard Shack				ALL-Sports Lake			
Boulevard Entrance				Piers/Docks & Boat Slips			
Pavilion				Pond			
Picnic Tables				Playground			
Basketball Court(s)				Walking Trails			
Volleyball Court(s)				Jacuzzi			
Tennis Court(s)				Barbeque Grills			
Golf Course				Guest Parking			
Baseball Diamond				Banquet Hall			
Soccer Field				Storm Shelter			
Arcade Games				Laundry Facility			
Pool Table				Vending Machines			
Other:				Other:			

**Seller
 Initials**

**Buyer
 Initials**

SWIMMING POOLS

1. Number of Pools On-Site: _____
2. Pool Permit Expires: _____
 Permit Type: _____
 Permit Cost: _____
3. Age of Pool: _____
 Age of Pool Pump: _____
4. Pool Type: Indoor Outdoor
 Enclosed Other: _____
5. Pool Liner Material: Liner Gunite
 Ceramic Tile
 Other: _____
6. Last Pool Seal Date Pool: _____

TYPE	YES	NO
Permit Required		
Regulatory Inspections		
Pool Inspection Reports Available – 3 Years		
ADA Lift		
Life Guard on Duty		
Pool Service Contract		
Other:		

 Seller
 Initials

 Buyer
 Initials

VENDING MACHINE(S)

1. Are there any on-site vending machines? Yes No
2. Number of Vending Machines: _____
3. Location of Vending Machines: _____
4. Type of Candy: _____ Type of Soft Drink / Beverage: _____
5. Any Vending Contracts: Yes No Contract Expiration Date: _____
6. If YES, please explain & provide a copy of vending contract: _____

LAUNDRY FACILITIES

1. Is there a laundry facility on site? Yes No
2. Is there a vendor contract for the laundry machines? Yes No
If YES, please provide copy of the vendor agreement.
Contractor Name & Phone #: _____
3. Number of Washers: _____ Number of Dryers: _____
4. Age & Condition of Washers: _____ Age & Condition of Dryers: _____
5. Estimated Annual Maintenance and Repair Costs: \$ _____
7. Number of Rolling Laundry Baskets: _____
Number of Detergent Dispensers: _____

STREET LIGHTS

1. The Street Lights are owned by: Owner City/Municipality
2. The Street Lights are maintained by: Owner City/Municipality
3. Who changes the light bulbs? _____
4. The Electric for the Street Lights is Billed to: Owner Residents City/Municipality
5. Lamp Post Lights billed to: Owner Resident
6. Lamp Posts at each home site: Yes No

MAILBOXES

1. Are there Resident Mailboxes in the community? Yes No
2. Mailbox Location: Postal Banks Individual Homes P. O. Boxes at the Post Office
Condition of Mailboxes: Good Average Poor
3. Do the Resident Mailboxes require Key Access? Yes No
4. Who maintains the Mailboxes? Owner Post Office City/Township

PET RESTRICTIONS

1. Are pets allowed? Yes No If yes, how many per site? _____
2. Are there weight restrictions? Yes No Maximum Weight: Cat _____ lbs. Dog _____ lbs.
3. Does the community charge pet fees? Yes No
If yes, what are the pet fees charged to the residents? \$ _____ per pet per month

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MAINTENANCE EQUIPMENT

MAINTENANCE EQUIPMENT	Year	Make	Model	Condition
Pick-Up Truck				
Dump Truck				
Tractor				
Backhoe				
Golf Cart				
Lawn Mower – 1				
Lawn Mower - 2				
Front Loader				
Snow Blade				
Snow Plow				
Other				

OTHER EQUIPMENT	YES	NO	CONDITION	OTHER EQUIPMENT	YES	NO	CONDITION
Leaf Blower				Fertilizer Spreader			
Weed Whacker				Salt Spreader			
Edger				Power Washer			
Rakes				Snow Blower			
Shovels				Chainsaw			
Post Hole Digger				Misc. Hand tools			
Misc. Garden Tools				Other:			
Lawn Sprinkler System							

LAWN & LANDSCAPING

- Common Areas Lawn Care provided by: Owner Contractor On-Site Maintenance
 Contractor Annual Expense: \$_____ Cost Per Cut: \$_____ Annual Contract Required: Yes No
- Occupied Sites Lawn Care provided by: Owner Contractor On-Site Maintenance Residents
- Landscape last updated on: _____ Estimated Cost: \$ _____
- The Landscaping was last updated: _____ Approximate Cost: \$ _____
- Lawn Sprinkler Water Source: Well City Water Not Applicable
- The Trees are maintained by: Owner Contractor City Utility Company
- The Trees are trimmed: _____ Semi-Annual _____ Annual _____ 2-3 Years _____ 4-6 Years
 _____ 7-10 Years _____ Ten Years + _____ Not Applicable _____ Unknown
 Estimated Cost Per Cut: \$ _____

_____ Seller Initials	_____ Buyer Initials
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SNOW REMOVAL

1. Snow Removal provided by: Owner Contractor On-Site Maintenance

Contractor Name & Phone #: _____

Contractor Annual Expense: \$ _____ Cost Per Snow Push: \$ _____

PEST CONTROL

1. Any Known Pest Control Issues? Yes No

If YES, what was the Nature of Infestation: _____

Who handled the Extermination of the Infestation? Owner Outside Service Contractor

Contractor Name & Phone #: _____

2. Any termites or other wood-destroying insects, dry rot, or pests affecting property? Yes No

If YES, please explain: _____

3. Is the property currently under contract by a licensed pest control company? Yes No

Contractor Name & Phone #: _____

ROADWAYS

1. Road Surface Material: Asphalt Concrete Gravel Dirt Combination

2. Inches of Gravel Base: _____ Inches of Asphalt: _____

Last Road Resurface Date: _____ Annual Road Repair Expense: \$ _____

3. Road Maintenance provided by: Owner Maintenance Personnel City/County Contractor

Contractor Name & Phone #: _____

4. Road Repair Maintenance Schedule (i.e. fill cracks, cold-patched & re-sealed): _____

5. Width of the Community Roads: _____

6. Speed bumps: Yes No Speed limit signs: Yes No

Sidewalks: Yes No Curbs: Yes No

PARKING

1. Is there off-street parking Yes No Combo On-Street _____% Off-Street _____%

2. # Parking Spaces Allotted for Each Home Site: _____ # Guest Parking Spaces: _____

3. Any past or present problems with driveways, parking areas, sidewalks, curbs, other paved surfaces, &/or retaining walls on the property? Yes No

If YES, please explain: _____

5. Any Recent Upgrades: Yes No Any Permit Required for Upgrades: Yes No

If YES, please explain: _____

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TRASH REMOVAL/RECYCLING

1. Trash Removal IS IS NOT included in the monthly site rent.
2. The Trash Removal IS IS NOT re-billed to the residents by the owner.
3. The Trash Removal Fee IS IS NOT billed direct to the residents from the vendor.
4. Trash Removal is provided by: City Municipality Contractor
Contact Information: _____
5. Trash Removal IS Included IS NOT Included in the real estate taxes.
6. Trash Collection is: Curbside Pickup Dumpster Combination
7. Number of Dumpsters located on premises & location(s): _____
8. Recycling Bins On-site: Yes No Mandatory Recycling Requirements: Yes No

PHONE/INTERNET/CABLE TELEVISION

1. Is the telephone system and phone number included in the sale of the property? Yes No
If yes, system type: _____
2. Any Telephone Service Agreements?: Yes No If yes, please provide a copy of the agreement.
3. Telephone Service Provider: _____
Contact Information: _____
4. Is the property equipped with satellite dishes? Yes No
If yes, please explain: _____
5. Any Cable Service Agreements?: Yes No If yes, please provide a copy of the agreement.
6. Cable Service Provider: _____
Contact Information: _____
7. Is the property equipped for cable TV? Yes No
If yes, please explain and provide number of hook ups: _____
8. Is the property equipped with internet service? Yes No If yes, please provide a copy of the agreement.
9. Is there a cable agreement with the community? Yes No
If yes, please describe the terms: _____
10. Internet Service Provider: _____
11. Is there fiber optics available for this property? Yes No If yes, number of hook ups: _____

POLICE SERVICES

1. Local Police Department Contact Information: Municipal County
Name: _____
Address: _____
Phone: _____
Additional Costs? Yes No Included in Property Taxes Annual Invoice Bi-Annual Invoice
Do the Police routinely visit the community? Yes No
Is there any challenges with crime within the community? Yes No

Seller
Initials

Buyer
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FIRE SERVICES

- 1. Local Fire Department Contact Information: Volunteer Municipal County
 Name: _____
 Address: _____
 Phone: _____
 Additional Costs? Yes No Included in Property Taxes Annual Invoice Bi-Annual Invoice
 Any Special Assessment for Fire Protection? Yes No
 If yes, please describe and attach any written agreements: _____
 Number of fire hydrant(s) & location(s): _____

FIRE DAMAGE

- 1. To your knowledge, was there ever a fire on the property? Yes No
 If yes, please explain: _____
- 2. Are you aware of any unrepaired fire damage to the Property and any structures on it? Yes No
 If yes, please explain: _____

FLOOD ZONE

- 1. Is the community in a flood zone? Yes No If yes, ___100 year ___500 year. What % _____
- 2. When was the last time the property flooded? _____
- 3. If the campground floods, are the homes high enough to remain undamaged? Yes No
- 4. Do the residents have flood insurance on their individual units? Yes No
- 5. Are there any zoning laws that affect a campground owner from replacing destroyed homes in the community as a result of a flood? Yes No
 If yes, please explain: _____
- 6. Flood Insurance Carrier: _____ Phone: _____
- 7. Annual cost: \$ _____
- 8. Coverage includes: _____ # of buildings: _____ # of manufactured homes: _____
 Utility connections _____ Other: _____

SURVEY

- 1. Is there a property survey? Yes No Unknown
- 2. What type of survey is it? Boundary Mortgage ALTA _____
- 3. Are you aware of any encroachments or boundary line disputes regarding this property? Yes No
 If yes, please explain: _____
- 4. Are there any homes located over the property line? Yes No
 If yes, please explain: _____
- 5. Are there any fences or sheds located over the property line? Yes No
 If yes, please explain: _____
- 6. Are there any easements? Yes No If yes, please explain: _____

- 7. Are there any encroachments? Yes No If yes, please explain: _____

Seller	Buyer
Initials	Initials

HOME SITE CONSTRUCTION & MAINTENANCE

1. Site Construction: _____ Slabs _____ Piers _____ Runners _____ Cookies _____ Other: _____
2. What percentage of sites can accommodate doublewide homes? _____
3. Who does the work to upgrade the sites? Owner On-site Maintenance Contractor
Contractor Information: _____
4. Are the units tied down? Yes No Combination
5. Are there set back requirements? Yes No
Minimum Distance Between Units: _____ feet
Minimum Distance from Property Line: _____ feet
If there are additional requirements, please explain: _____
6. Age of homes that can be moved into campground: _____
7. Can a home be moved in without moving other homes around? Yes No
8. Average lot sizes: _____
9. Roof load zone requirement: Yes No If yes, please explain: _____
10. High wind requirement: Yes No If yes, please explain: _____
11. Site Amenities: _____ Carports _____ Garages _____ Storage Sheds/Buildings
_____ Lampposts at each site _____ Extra Parking

EVICCTIONS

1. Number of Evictions for the last three years:
_____ Year-to-Date _____ 2015 _____ 2014 _____ 2013
2. Time allowed under state law for Eviction Notice: _____ Days.
3. Community Eviction Attorney: _____
Contact Information: _____
4. Eviction Costs: _____
5. Please describe process: _____

CLUBHOUSE CONSTRUCTION

A. BUILDING CONSTRUCTION:

1. Exterior: _____ Brick _____ Vinyl _____ Wood _____ Other: _____
2. Roof Material: _____ Shingle _____ Metal _____ Rubber
3. Age of Roof: _____
Existing Warranties: _____
Vendor Contact Information: _____
5. Foundation: Slab Basement: Poured Block Crawl Space
 Poured Wood
6. Electric: 100 AMP 200 AMP Other: _____ Combo: _____
7. Recent Electrical Upgrades: _____
8. Gas Type: Natural Gas Propane
9. Plumbing: PVC Copper Other
10. Recent Plumbing Upgrades: _____

Seller
Initials

Buyer
Initials

B. MECHANICAL SYSTEMS

- 1. Type of heating fuel: Electric Fuel Oil Natural Gas Propane
- 2. Type of heating: Forced Air Fuel Oil Steam Radiant
 Baseboard Wood Burning Stove
- 3. Type of water heater: Electric Gas Oil Capacity: _____

MAINTENANCE BUILDING CONSTRUCTION

A. BUILDING CONSTRUCTION:

- 1. Exterior: _____ Brick _____ Vinyl _____ Wood _____ Other: _____
- 2. Roof Material: _____ Shingle _____ Metal _____ Rubber
- 3. Age of Roof: _____
Existing Warranties: _____
Vendor Contact Information: _____
- 5. Foundation: Slab Basement: Poured Block Crawl Space
 Poured Wood
- 6. Electric: 100 AMP 200 AMP Other: _____ Combo: _____
- 7. Recent Electrical Upgrades: _____

- 8. Gas Type: Natural Gas Propane
- 9. Plumbing: PVC Copper Other

B. MECHANICAL SYSTEMS

- 1. Type of heating fuel: Electric Fuel Oil Natural Gas Propane
- 2. Type of heating: Forced Air Fuel Oil Steam Radiant
 Baseboard Wood Burning Stove
- 3. Type of water heater: Electric Gas Oil Capacity: _____

ENVIRONMENTAL

- 1. Is the Property or any adjoining property used for an industrial use? Yes No
- 2. To your knowledge, has any adjoining property been used for industrial use in the past? Yes No
- 3. To your knowledge, has the Property or any adjoining property been used as a gasoline station, motor repair facility, commercial printing facility, dry cleaners, photo developing laboratory, junkyard or landfill, or as a waste treatment, storage, disposal, processing, or recycling facility? Yes No
- 4. Are there currently, or your knowledge have there been previously, any damaged or discarded automotive or industrial batteries, or pesticides, paints, or any other chemicals in individual containers of greater than five (5) gallons in volume or fifty (50) gallons in the aggregate, stored on or used at the Property? Yes No
- 5. Are there currently, or to your knowledge have there been previously any pits, ponds, or lagoons located on the Property in connection with waste treatment or waste disposal? Yes No
- 6. Is there currently, or to your knowledge has there been any stained soil on the Property? Yes No
- 7. Are there currently, or to your knowledge have there been previously, any registered or unregistered storage tanks (above or underground) located on the Property? Yes No

_____ Seller Initials	_____ Buyer Initials
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8. Are there currently, or to your knowledge have there been previously, any vent pipes, fill pipes or access ways indicating a fill pipe protruding from the ground of the Property or adjacent structure located on the Property? Yes No
9. Are there currently, or to the best of your knowledge have there been previously, any flooring drains, or walls located within the facility that are stained by substances other than water or are emitting foul odors? Yes No
10. If the Property is served by a private well or non-public water system, have contaminants been identified in the well or system that exceed guidelines applicable to the water system or has the well been designated as contaminated by any government environmental/health agency? Yes No
11. Does the Owner or Occupant of the Property have any knowledge of Environment fines or governmental notification relating to past or current violations of environment laws with respect to the Property of any facility located on the Property? Yes No
12. Has the Owner or Occupant of the Property been informed in the past of current existence of Hazardous Substances or Petroleum Products or environmental violations with respect to the Property or any facility located on the Property? Yes No
13. Does the Owner or Occupant of the Property have knowledge of any Environmental Site Assessment of the Property or facility that indicated the presence of Hazardous substances or Petroleum Products on, or contamination of, the Property or recommended further assessment of the Property? Yes No
14. Does the Owner or Occupant of the Property know of any past, threatened, or pending lawsuits or administrative proceedings concerning a release or threatened release of any Hazardous Substance or Petroleum Products involving the Property by any Owner or Occupant of the Property? Yes No
15. Does the Property discharge waste water on or adjacent to the Property other than storm water or into a sanitary sewer system? Yes No
16. To the best of your knowledge, have any Hazardous Substances or Petroleum Products, unidentified waste materials, tires, automotive or industrial batteries or any other waste materials been dumped above grade, buried and/or burned on the Property? Yes No
17. Is there a transformer, capacitor, or any Hydraulic equipment for which there are any recording indicating the presence of **polychlorinated biphenyls (PCBs)**? Yes No

Attach copies of any available supporting documentation to insure that you are disclosing accurate information.

Seller certifies that the information in this statement is true and correct to the best of Seller's knowledge as of the date of Seller's signature.

The Seller has indicated above the condition of the items based on information known to the Seller. If any changes occur in the structural/mechanical/appliance systems of this property from the date of this form to the date of the closing, Seller will disclose the changes to Buyer. In no event shall the parties hold MHP 360 or Seller liable for any representation.

BUYER SHOULD OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE PROPERTY TO MORE FULLY DETERMINE THE CONDITION OF THE PROPERTY.

BUYER IS ADVISED THAT CERTAIN INFORMATION COMPILED PURSUANT TO THE SEX OFFENDERS REGISTRATION ACT, 1994 PA 295, MCL 28,721 TO 28.732 IS AVAILABLE TO THE PUBLIC. BUYERS SEEKING SUCH

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INFORMATION SHOULD CONTACT THE APPROPRIATE LOCAL LAW ENFORCEMENT AGENCY OR SHERIFF'S DEPARTMENT DIRECTLY.

BUYER'S ACKNOWLEDGEMENT OF RECEIPT: Buyer acknowledges that the information contained herein is based only on the Seller's knowledge and is NOT a warranty of any kind. Buyer acknowledges that it is Buyer's obligation to investigate all material facts regarding the property to Buyer's satisfaction. Buyer is encouraged to obtain property inspections by an independent third party and to obtain other independent professional counsel as Buyer deems necessary. By signing below, Buyer hereby acknowledges receipt of a copy of this Seller's Property Disclosure Statement.

If Buyer disapproves or is concerned about any item in this disclosure, it is the Buyer's responsibility and not the responsibility of MHP 360 or its agent(s) to investigate such items and to satisfy Buyer as to the condition of the Property within the Buyer's Due Diligence Period.

Entity Name: _____

Seller _____
Authorized Representative Date

Seller _____
Authorized Representative Date

Buyer has read and acknowledges receipt of this statement.

Entity Name: _____

Buyer _____
Authorized Representative Date

Buyer _____
Authorized Representative Date

Disclaimer: This form is provided as a service of MHP 360. Please review both the form and details of the particular transaction to ensure that each section is appropriate for the transaction. MHP 360 is not responsible for the use or misuse of the form for misrepresentation or for warranties in connection with the form and MHP 360 shall be held harmless by Buyer and Seller.

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