

REAL ESTATE GIFT APPLICATION

Contact Information

Name _____	DOB _____	Social Security # _____
Spouse _____	DOB _____	Social Security # _____
Residential Address _____	Phone Numbers _____	
_____	(Daytime #) <input type="checkbox"/> Home/ <input type="checkbox"/> Work/ <input type="checkbox"/> Cell _____	
_____	(Evening #) _____	
Email _____	Fax # _____	

Property Information

Property Address (including county, state and zip) Parcel # (PIN #) _____
Fair Market Value = \$ _____
Cost basis of property \$ _____
Type of Property <input type="checkbox"/> Residential <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Apartment Building <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Co-op Apartment <input type="checkbox"/> Vacation <input type="checkbox"/> Other _____
What is the approximate size or acreage, and dimensions of the property? _____
Utilities, Services and Systems <input type="checkbox"/> city water <input type="checkbox"/> well water <input type="checkbox"/> sewer <input type="checkbox"/> septic system <input type="checkbox"/> natural gas <input type="checkbox"/> propane gas <input type="checkbox"/> electricity <input type="checkbox"/> gas heat <input type="checkbox"/> electric heat <input type="checkbox"/> air conditioning <input type="checkbox"/> other _____
Who is the owner of record? _____ * Please provide a copy of most recent deed.
How long have you owned the property? Over 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, was this property part of a 1031 exchange?
How was the property acquired? <input type="checkbox"/> Purchased for value? <input type="checkbox"/> Received by gift? <input type="checkbox"/> Received from an estate?
Do you own the mineral rights to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a title insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No * Please provide if possible
Are there any liens, encumbrances, mortgages, debt, etc. on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No * If yes, please specify the nature and amount _____
Is the property currently being leased? <input type="checkbox"/> Yes <input type="checkbox"/> No * If yes, please provide a copy of the lease.
How is the property zoned? _____
Is the property in compliance with all building and zoning codes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you assist in marketing and/or management of property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property listed with a realtor? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide a Listing Agreement

Is there a binding purchase agreement on the property now? Has any letter, document or option been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of appraisal requirements to substantiate the gift? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any environmental violations or potential problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has a phase one environmental inspection been done? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Should it be insured once gifted? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurer's Name _____ Policy # _____ Period _____
Will you be responsible for maintaining the insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are property taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual property taxes \$ _____ * Please provide copy of tax bill for last calendar year
Have any improvements or construction been done in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any carrying costs we will need to cover? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify _____
Description of all known insurance claims
Description of past, current or potential lawsuits or claims
Description of amount and frequency of recurring fees and assessments (homeowner's association, condominium association, lake, common road maintenance, etc.)

General Disclosures*

Please indicate whether you are aware of or believe that any of the following conditions or statements apply or may apply to any or all of the property. Please provide an explanation on an attached sheet of paper for each item to which a "yes" answer is made. Please also attach any related documentation that is relevant to your explanation.			
1. Lake, pond or waterway on or next to the property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Flooding or recurring leakage in basement or crawlspace.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Location in or near a flood plain, wetland or sensitive ecological area.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. There is currently a flood hazard provision in the property insurance policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Defects in the basement or foundation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Leaks or defects in the roof, ceilings or chimney. What is the approximate age of the roof? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Defects in the walls or floors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Defects in the electrical system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Defects in the plumbing system (including water heater, sump pump, water treatment system, sprinkler system and swimming pool).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

10. Defects in the well, well system or well equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Unsafe conditions in the drinking water.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Defects in the heating, air conditioning or ventilating systems.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Defects in the fireplace or wood burning stove.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Defects in the septic, sanitary sewer or other disposal system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Unsafe concentrations of radon.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Past or current presence of asbestos or products containing asbestos.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
17. Past or current presence of lead (including lead paint, lead water pipes, lead plumbing pipes and lead in the soil).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Mine subsidence, underground pits, settlement, sliding, upheaval or other earth stability defects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
19. Past or current infestations or presence of termites, other wood boring insects, ladybugs or other insects or animals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
20. Structural defects (whether due to termites or other cause).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
21. Past or current presence of fuel storage tanks (whether above ground or underground).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
22. Past or current boundary or lot line disputes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
23. Past or current disputes about access to or across the property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
24. Past or current disputes about use of the property (whether easement, trespass, unauthorized hunting or other use).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
25. Any violation of federal, state or local laws relating to the property itself or to any use on or about the property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
26. Past or current presence of formaldehyde-based insulation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
27. Past or current presence of transformers or capacitors containing PCBs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
28. Any past or current activities on the property or at adjacent businesses or properties that could pose potential environmental risks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
29. Any chemicals, oils, paints, solvents or fuels used on the property or adjacent properties.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
30. Any barrels, drums, fragments, paint cans, abandoned vehicles, trash or debris accumulations or other waste dumping on the property or adjacent properties.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
31. Any evidence of stressed soil or vegetation (different coloration, stunted growth, bare spots, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
32. Any oil wells, oil storage facilities or salt water use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
33. Past or current use of the property or adjacent properties for a landfill or as part of a mining operation (including undermining of the property).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
34. Any possible sources of spilled oil, gasoline, solvents or other chemicals on the property or adjacent properties.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

35. Any historical or architectural significance regarding the property or adjoining properties.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
36. Any endangered plants or wildlife on the property or adjacent properties.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
37. Any poor or undesirable drainage on or to the property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
38. Any archeological significance regarding the property or adjacent properties (including American Indian camps and burial grounds).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
39. Any person other than yourself using or occupying the property (whether authorized or unauthorized).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
40. All licenses and permits necessary for the conduct of current activities on the property have been obtained and are in-force.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
41. Are you aware of any other information concerning or relating to any use or part of the property (including its buildings, roads and other improvements) that might (a) affect the decision of a buyer, (b) adversely affect the property's value, or (c) be a potential obligation or liability of the Foundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Explanation of "yes" answers to the above items:			

* Additional Disclosures may be requested if required by your state law.

W-9 Substitute

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transaction, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payment other than interest and dividends, you are required to sign the Certification, but you must provide your correct TIN. (from Form W-9)

The undersigned owner(s) hereby acknowledge that the information provided in this Real Estate Gift Application is true, complete and accurate to the best of the undersigned's knowledge and belief.

Signature

Signature

Name

Name

Date

Date

For Barnabas Foundation Use Only

- | | | |
|------------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> ND | <input type="checkbox"/> NEP | <input type="checkbox"/> CI |
| <input type="checkbox"/> LTCG | <input type="checkbox"/> NIN | <input type="checkbox"/> NSD |
| <input type="checkbox"/> NBC | <input type="checkbox"/> IC | <input type="checkbox"/> |
| <input type="checkbox"/> SD | <input type="checkbox"/> NI | Date _____ |
| <input type="checkbox"/> FMV _____ | | |

Reviewed and Approved:

Henry Doorn, Jr.

Date

Account No. _____

Account type SF CT
_____ % _____
_____ % _____