



CITY OF CLEVELAND
CERTIFICATE OF DISCLOSURE APPLICATION FOR
TRANSFERRING RESIDENTIAL PROPERTY (1-4 UNITS)
Escrow/Transferring Agent must ensure this form is completed in its entirety prior to transfer. Indicate "NA" for all questions that do not apply.

File No:
Fee: \$60.00

PART A: TO BE COMPLETED BY ESCROW/TRANSFERRING AGENT		DATE:	
Property Address: Permanent Parcel Number: Sub Lot No:		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.)	
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>			
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:			
Loan Originator's Name: Business Name: Business Address: Telephone Number:		Name, Address, Telephone Number of any/all assignees. (Attach a separate sheet of paper if necessary.)	
Title Company's Name: Business Address: Telephone Number:			
		Was Purchase Agreement Signed? Yes ☐ No ☐	
<i>I, hereby, attest the above information is true to the best of my actual knowledge this _____ day of _____.</i>			
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			
<i>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).</i>			
_____ Owner		_____ Owner	
_____ Date		_____ 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: _____		8. Is property in an Historic District?* Yes ☐ No ☐	
2. Permanent Parcel Number: _____		9. Is property condemned? Yes ☐ No ☐	
3. Sub Lot No: _____		If yes, when? _____	
4. Legal authorized use of property? _____		10. Has property ever been condemned? Yes ☐ No ☐	
5. How many structures on lot? _____		If yes, when? _____	
6. Is property new construction? Yes ☐ No ☐		11. Are there any current (within last 2 years) reported violations on property? Yes ☐ No ☐	
If yes, year built. _____		If yes, attach Violation Notice(s).	
7. Has Certificate of Occupancy been issued? Yes ☐ No ☐			
If yes, when? _____			
<i>I, hereby, attest the above information is true this _____ day of _____.</i>			
_____ Deputy Director, 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		_____ Purchaser	
_____ Date		_____ Date	
_____ Notary Public			



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If violations and/or a condemnation history is found on the referenced property, the Purchaser shall sign the current Violation Notice and/or condemnation history as attachments to the purchase agreement and those documents are to be forwarded to Records Administration in Room 517 along with a signed copy of Parts A through D of the Certificate of Disclosure Application for filing.

If no violations and/or condemnation history is found on the referenced property, the signed Certificate of Disclosure Application will be mailed to the Escrow Agent.

It is the responsibility of the Escrow Agent to mail the Certificate of Disclosure Application with the Purchaser's signature acknowledging receipt to the City of Cleveland within 5 working days.

The processing fee of \$60.00 must accompany the Certificate of Disclosure Application. If the processing fee is not enclosed, the application process will not be completed. Any questions can be directed to Records Administration at (216) 664-2826.

Note: For all rental properties, the rental fees must be current before the Certificate of Disclosure Application is released. Any delinquencies must be collected at this time.

Ordinance #1864-01 mandates the completion of the Certificate of Disclosure form for all 1-4 family unit transactions prior to the sale or disbursement of funds.

Violation of this Housing Code is a penalty of not less than \$50.00 and no more than \$500.00 for the first offense, and for a second or subsequent offense shall be fined not less than \$100.00 or no more than \$1,000.00 or imprisoned for not more than six months or both. A separate offense shall be deemed committed each day during or on which an offense occurs or continues.