**Important Points Explanation of Property to be Leased**

## Name Date

The following details on the property have been written in accordance with Article 35 of the Real Estate Act. Please ensure you completely understand all of these essential points.

Name of company:

Name of representative:　　　　　　　　　　　　　　　　　　　　　　　　　　　seal

Real estate agent:

License number:

Date license was issued:

|  |  |  |
| --- | --- | --- |
| Designated agent for this transaction | Name | seal |
| Registration No. | （　　　　） |
| Place of business | Tel:　　　（　　　） |

Representative ・ Agent

Designated agent (Section2, Article 34)

|  |  |  |
| --- | --- | --- |
| Property | Name |  |
| Location |  |
| Apartment No. |  |
| Floor area | ㎡ (official record: ㎡) |
| Type and construction |  |
| Name and address of landlord |  |

Ⅰ **Items Directly Related to the Property in Question**

1. **Items recorded in the registry**

|  |  |
| --- | --- |
|  | Items related to rights other than ownership (Renter) |
| Details of ownership(Landlord) | Items related to rights of ownership |
| Owner Name:Address: |  |  |

1. **Main legal restrictions**

|  |  |
| --- | --- |
| Title of Act |  |
| Summary of restrictions |

1. **Water, electricity, gas and sewerage supply**

|  |  |  |
| --- | --- | --- |
| Facilities ready for immediate use | Projected future services | Notes |
| Water | public・private・well | year month day public・private・well |  |
| Electricity |  | year month day |  |
| Gas | city・propane | year month day city ・ propane |  |
| Sewerage |  | year month day |  |

1. **Shape and structure when completion (in case of unfinished buildings)**

|  |  |
| --- | --- |
| Shape and structure |  |
| Structure and finishes of components, interior and exterior |  |
| Facility installation and structure |  |

1. **Summary of results of inspection of building conditions (for an existing building)**

|  |  |  |
| --- | --- | --- |
| Inspection of building conditions conducted? | Yes | No |
| Summary of results of inspection of building conditions |  |

1. **State of repair of facilities (in case of completed buildings)**

|  |  |  |  |
| --- | --- | --- | --- |
| Facility | Existing | Type | Other |
| Kitchen |  |  |  |
| Toilet |  |  |  |
| Bath |  |  |  |
| Water heater |  |  |  |
| Gas stove |  |  |  |
| Heating/air conditioning |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Is property within a developed residential land disaster prevention zone?**

Inside residential land disaster prevention zone

Outside residential land disaster prevention zone

1. **Is property within a landslide disaster warning zone?**

Inside a landslide disaster warning zone

Outside a landslide disaster warning zone

1. **Is the building inside a tsunami warning zone?**

Inside tsunami warning zone

Not inside tsunami warning zone

1. **Description of asbestos usage survey**

|  |  |  |
| --- | --- | --- |
| Are asbestos usage survey results on record? | Yes | No |
| Contents of asbestos usage survey |  |

1. **Description of earthquake resistance study**

|  |  |  |
| --- | --- | --- |
| Has an earthquake resistance study been performed? | Yes | No |
| Contents of earthquake resistance study |  |

**Ⅱ Items Regarding Transaction Conditions**

1. **Charges other than rent**

|  |  |  |
| --- | --- | --- |
|  | Amount | Purpose |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

1. **Cancellation of contract**
2. **Compensation for damages or breach of contract**
3. **Summary of guarantee system for repayment of any returnable deposits**

|  |  |
| --- | --- |
| Whether or not deposits are guaranteed | Yes ・ No |
| Procedure if guarantee system is resorted to |  |

1. **Contract period and renewal**

|  |  |  |  |
| --- | --- | --- | --- |
| Period | From year month day To year month day  |  years months | Regular Rental Contract |
| Fixed-term Rental Contract |
| Lifelong Lease Contract |
| Details regarding renewal |  |  |  |

1. **Limitations on use**

|  |  |  |
| --- | --- | --- |
| Limitations on use of property | Limits to exclusive areas in buildings under multiple ownership | Other |
| Limitations on other uses |  |  |

1. **Return of security deposit**
2. **Property management**

|  |  |
| --- | --- |
| Name(of agent)(Registration No. under Article 46, Paragraph 1, Subparagraph 2 of the Act on Advancement of Proper Condominium Management or registration no. under Article 5, Paragraph 1, Subparagraph 2 of the Rental Residential Property Manager Registration Regulations) |  |
| Address of main office |  |

**1. Details of bond (under Article 35-2 of the Real Estate Act)**

**Ⅲ Other Items**

1. **If not a member of the Real Estate Transaction Guarantee Association**

Office where bond is deposited Name

Location

1. **If a member of the Real Estate Transaction Guarantee Association**

|  |  |  |
| --- | --- | --- |
| Real Estate Transaction Guarantee Association | Name |  |
| Address |  |
| Location of office |  |
| Office where bond is deposited NameLocation |  |

When you fill out this form, you should be aware of the following:

① Regarding I. 1.

In the column headed “Items related to rights of ownership,” enter the ownership-related items recorded in the registry’s “Landlord” column: e.g. special agreement on buying back, provisional registration, notice of registration and distress.

② Regarding I. 2.

Pick out the applicable legislation from below and enter it under the column “Title of legislation,” and briefly state the restrictions under the law in the column of “Summary of restrictions.”

|  |  |  |
| --- | --- | --- |
| New Residential Area Development Act | New Urban Infrastructure Improvement Act | Distribution Business Area Improvement Act |

③ Regarding I. 3.

In the column headed “Notes,” enter any charges for use of facilities.

④ Regarding I. 6.

The facilities entered in the “Facility” column are examples for a residential building. For commercial property, add facilities important for the type of business, such as air-conditioning and elevators.

⑤ Regarding II. 5.

State clearly which contract applies to the property: regular or fixed-term rental contract, or the lifelong lease contract.

⑥ If there is not enough space in any column, write on a separate sheet, noting the corresponding

column heading and item number on the form.

|  |  |
| --- | --- |
| Summary of results of inspection of building conditions (for use in explanation of important matters) | (Wooden/steel-frame construction) |

|  |  |  |
| --- | --- | --- |
|  | Date prepared |  |
| Building | Building | Residence of: |
| Address | Residence No.Site No. |
| (If multi-family dwelling) | Name of condominium etc. |  | Room No. | No. |
| Type of structure | □ Wooden □ Steel frame □ Other (e.g., mixed structure) |
| Floors | Aboveground: floor(s)/underground: floor(s) | Total floor area | m2 |
| Inspection of building conditions | Date of this inspection |  |
| Category of inspection | □ Detached residence□ Multi-family dwelling etc. ( □ Detached type □ Building type ) |
| Presence of any degradation etc. | Any degradation etc. based on standards for inspection of building conditions? (Also fill out “Presence of any degradation etc. of individual components” below.) |  □ Y □ N |
|  | Presence of any degradation etc. of individual componentsNote: Cross out any components not present in the subject building with two lines. | Inspected components related to key structures for structural resilience | Inspected components related to structures for keeping out rainwater etc. |
|  | Degradation etc.Y N Could not be investigated |  | Degradation etc.Y N Could not be investigated |
| FoundationBase and floor assemblyFloorPillars and beamsExterior walls and eavesBalconyInterior wallsCeilingsRoof trussOther(Termite damage) (Rot, corrosion) (Inspection of reinforcement arrangements) (Concrete compression strength) | □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | Exterior wallsEavesBalconyInterior wallsCeilingsRoof trussRoof | □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ |
| Inspection of building conditions conducted by | Name of inspector |  |  |
| Name of agency training inspector and completion certificate No. |  |  |  |
| Type of architect qualification | □ Class I 　　　　　□ Class II 　　　　□ Wooden structure |
| Architect registration No. | □ Minister’s registration No.□ Governor’s registration |
| Name of affiliated office |  |
| Architectural office registration No. | Governor’s registration No. |

|  |  |
| --- | --- |
| Summary of results of inspection of building conditions (for use in explanation of important matters) | Steel-reinforced concrete construction etc. |

|  |  |  |
| --- | --- | --- |
|  | Date prepared |  |
| Building | Building | Residence of: |
| Address | Residence No.Site No. |
| (If multi-family dwelling) | Name of condominium etc. |  | Room No. | No. |
| Type of structure | □ Steel-reinforced concreate structure □ Steel-frame reinforced concreate structure □ Other(e.g., mixed structure) |
| Floors | Aboveground: floor(s)/underground: floor(s) | Total floor area | m2 |
| Inspection of building conditions | Date of this inspection |  |
| Category of inspection | □ Detached residence□ Multi-family dwelling etc. (　□ Detached type □ Building type ) |
| Presence of any degradation etc. | Any degradation etc. based on standards for inspection of building conditions? (Also fill out “Presence of any degradation etc. of individual components” below.) | □ Y □ N |
|  | Presence of any degradation etc. of individual componentsNote: Cross out any components not present in the subject building with two lines. | Inspected components related to key structures for structural resilience | Inspected components related to structures for keeping out rainwater etc. |
|  | Degradation etc.Y N Could not be investigated |  | Degradation etc.Y N  Could not be investigated |
| FoundationFloorPillars and beamsExterior wallsBalcony and common corridorInterior wallsCeilingsOther(Inspection of reinforcement arrangements)(Concrete compression strength) | □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | Exterior walls Interior wallsCeilingsRoof | □ □ □□ □ □□ □ □□ □ □ |
| Inspection of building conditions conducted by | Name of inspector |  |
| Name of agency training inspector and completion certificate No. |  |  |
| Type of architect qualification | □ Class I □ Class II □ Wooden structure |
| Architect registration No. | □ Minister’s registration□ Governor’s registration | No. |
| Name of affiliated office |  |
| Architectural office registration No. | Governor’s registration no. |