

Buyer Checklist	1	2	3
Property Address	_____	_____	_____
Asking Price	\$ _____	\$ _____	\$ _____
Real Estate Taxes	\$ _____	\$ _____	\$ _____
The Neighborhood			
Near Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Doctors/Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Churches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streets/Alleys Well Maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbor's Property Well Maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Utilities Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Covenants/Restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Trains/Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area Zoned Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Special Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment Concerns/Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The House			
Age of House	_____	_____	_____
No. of Stories	_____	_____	_____
Wood Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brick Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood & Brick Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aluminum Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Condition	_____	_____	_____
Foundation Condition	_____	_____	_____
Overall Exterior Condition	_____	_____	_____
Garage Size	_____	_____	_____
No. of Bathrooms	_____	_____	_____
No. of Closets	_____	_____	_____
No. of Bedrooms	_____	_____	_____
Oil Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Conservation Features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age of Heating System	_____	_____	_____
Age of Water Heater	_____	_____	_____
Capacity of Water Heater	_____	_____	_____
Age of Electrical Wiring	_____	_____	_____
Plumbing condition	_____	_____	_____
Estimated Water Bill	\$ _____	\$ _____	\$ _____
Estimated Heating Bill	\$ _____	\$ _____	\$ _____
Estimated Electric Bill	\$ _____	\$ _____	\$ _____

Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drapes - No. of Rooms	_____	_____	_____
Carpeting - No. of Rooms	_____	_____	_____
Kitchen Eating Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stove/Oven (Gas/Electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storm Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer/Dryer Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finished Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sump Pump/Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connected to Sewer System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backyard Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security (dead bolts, detectors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Code Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Expand/Enlarge House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: