



Home Buyer Worksheet/Checklist

Street Number Address - MLS # - Or Home Identifier ----->

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 Highways	<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"/>
Hospitals & Medical Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places of Worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks & Walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Volume & Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Train Tracks & Airports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks & Beltways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streets & Alleys In Good Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area Zoned For Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Owners Association-Dues	\$ _____	\$ _____	\$ _____
CC&Rs - (Covenants, Conditions & Restrictions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooding Dangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrictive Easements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Concerns & Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The House

Age of House	_____	_____	_____
Number of Stories	_____	_____	_____
Frame (W-Wood) (B-Brick/Block)	_____	_____	_____
Aluminum Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Condition (A-B-C-D-F)	_____	_____	_____
Foundation/Flooring Condition (A-B-C-D-F)	_____	_____	_____
Landscaping	_____	_____	_____
Garage Size - Number of Stalls	_____	_____	_____
Driveway - Cement - Asphalt - Gravel - Dirt	_____	_____	_____
Number of Additional Parking Spots	_____	_____	_____
Building Code Compliance (Remodel) Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Exterior Condition (A-B-C-D-F)	_____	_____	_____

Utilities & Energy

Heating - Gas - Electric - Hot Water Radiator - Oil/Coal	_____	_____	_____
Cooling - HVAC (Heat. Vent. AC) - Room - Evaporative (Swamp)	_____	_____	_____
Number of Room Fans	_____	_____	_____
Double Pane Glass	<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 (A-B-C-D-F)	_____	_____	_____
Estimated Water & Sewage Bill	\$ _____	\$ _____	\$ _____
Estimated Heating Bill	\$ _____	\$ _____	\$ _____
Estimated Electric Bill	\$ _____	\$ _____	\$ _____
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rooms

Number of Bedrooms	_____	_____	_____
On Suite Bathrooms	_____	_____	_____
Additional Bathrooms	_____	_____	_____
Closet Space and Storage (A-B-C-D-F)	_____	_____	_____
Great Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Den/Family Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Fireplaces	_____	_____	_____
Separate Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Coverings - # of Rooms	_____	_____	_____
Carpeting - # of Rooms	_____	_____	_____
Upgraded Tile Flooring # of Rooms	_____	_____	_____
Upgraded Wood Flooring # of Rooms	_____	_____	_____
Kitchen - Separate Eating Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(R) Refrigerator (TC) Trash Compactor	_____	_____	_____
Stove - (G-Gas) (E-Electric)	_____	_____	_____
(O) Oven - (DO) Double - (M) Microwave	_____	_____	_____
(D) Dishwasher (GD) Disposal	_____	_____	_____
Generous Kitchen Pantry (A-B-C-D-F)	_____	_____	_____
Generous Counter Tops (A-B-C-D-F)	_____	_____	_____
Generous Kitchen Cabinetry (A-B-C-D-F)	_____	_____	_____
Laundry Area - Washer/Dryer Outlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covered Patio - Outdoor BBQ Area	_____	_____	_____
Defined Property Boundary - Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security -Alarm/Smoke/Carbon Monoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Deadbolts - (SL) Security/Outdoor Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SW) Sewer (ST) Septic (L) Leech Line	_____	_____	_____
Overall Interior Condition (A-B-C-D-F)	_____	_____	_____

