

HOME CHECK LIST

Please fill in the appropriate blanks, and circle the correct information

DATE: _____ STYLE: _____

NAME: _____ ADDRESS: _____

of Bedrooms: _____ # of Bathrooms: _____ AGE: _____

1. **Exterior:**
 - a. **Siding:** Stucco/Brick / Stone / Wood / Vinyl/ Alum _____
 - b. **Other:** _____

2. **Roof:**

Age : _____ Style: _____

3. **Foyer:**
 - a. Flooring: Hardwood/Tile/Marble/Vinyl/Carpet _____
 - b. 1 Story / 2 Story _____
 - d. Closets: **Yes / No** _____
 - e. 9' Ceilings? _____
 - f. Other: _____

4. **Living Room:** _____ x _____
 - a. Flooring: Hardwood / Carpet / Tile _____
 - b. Fireplace: Marble / Brick / Stone / Slate / Granite _____
 - c. Moldings: Crown / Chair / Wainscoting _____
 - d. Other: _____

5. **Dining Room:** _____ x _____

Combo: _____ Formal _____

 - a. Flooring: Hardwood / Carpet / Tile _____
 - b. Moldings: Crown / Chair / Wainscoting _____
 - c. Other: _____

6. **Kitchen:** _____ x _____
 - a. Flooring: Hardwood / Carpet / Tile / Vinyl _____
 - b. Cabinets: _____
 - c. Countertops: Formica / Corian / Granite _____
 - d. Island / Breakfast Bar / Pantry / Lndry. / Desk _____
 - e. Garbage Disposal / Compactor _____
 - f. Other: _____

Appliances:

 - a. Refrigerator: _____ Age _____
 - b. Dishwasher: _____ Age _____
 - c. Range: Gas / Elec: _____ Age _____
 - d. Oven: Double: _____ Age _____
 - e. Washer/Dryer: _____ Age _____
 - f. Microwave: _____ Age _____
 - g. Garbage Disposal: _____ Age _____
 - h. Compactor: _____ Age _____

7. **Breakfast Room:** _____ x _____
 - a. Flooring: Hardwood / Carpet / Tile / Vinyl _____
 - b. Door: Slider / Atrium _____
 - c. Bay Window / Bump out / Skylight _____
 - d. Other: _____

8. **Family Room:** _____ x _____

1st Floor _____ Other _____

 - a. Flooring: Hardwood / Carpet / Skylight _____
 - b. Moldings: Crown / Chair / Wainscoting _____
 - c. Fireplace: Marble / Brick / Stone / Slate / Granite _____
 - d. Door: Slider / Atrium Door _____
 - e. Other: _____

9. **Den / Study :** _____ x _____
 - a. Flooring: Hardwood / Carpet / Tile _____
 - b. Moldings: Crown / Chair / Wainscoting _____
 - c. Fireplace: Marble / Brick / Stone / Slate / Granite _____
 - d. Other: _____

10. **Sun Porch:** _____ x _____
 - a. Flooring: Tile/ Brick / Vinyl / Carpet _____
 - b. Ceiling: Vaulted / Cathedral / Beamed _____
 - c. Outdoor Access: to porch / deck / yard / patio _____
 - d. Heat: baseboard / central / space unit _____

11. **Screen Porch:** _____ x _____

12. **Mud Room:** _____ x _____

Laundry: 2nd Floor / Basement / Main Floor _____

Closet / O.E. / Bath / Linen Closet _____

Other: _____

13. **Deck/Porch** _____ x _____
 - a. Front / Rear / Enclosed / Covered / Screened _____
 - b. Other: _____

14. **Powder Room:** Yes/No _____
 - a. Location: _____
 - b. Other: _____

15. **Special Features** _____

16. **Master Bedroom:** _____ x _____
a. 1st Fl. / 2nd Fl.
b. Flooring: Carpet / Hardwood
c. Fireplace: Marble / Brick / Stone / Slate / Granite
d. Closet: Walk-in / Double / Single
f. Ceiling: Vaulted / Cathedral / Tray
g. Ceiling Fan: Yes/No
h. Dressing Room / Sitting Room / Area
i. Other: _____

17. **Master Bathroom:**
a. Flooring: Tile / Vinyl / Marble / Carpet
b. Bathtub / Whirlpool / Soaking Tub
c. Separate Shower: Yes / No
d. Sink: Single / Double / Pedestal
e. Ceiling: Vaulted / Skylight
f. Linen Closet: Yes / No
g. Other: _____

18. **Bedroom #2:** _____ x _____
a. Flooring: Carpet / Hardwood
b. Closet: Walk-in / Double / Single
c. Ceiling Fan: Yes/ No
d. Other: _____

19. **Bedroom #3:** _____ x _____
a. Flooring: Carpet / Hardwood
b. Closet: Walk-in / Double / Single
c. Ceiling Fan: Yes/No
d. Other: _____

20. **Bedroom #4:** _____ x _____
a. Flooring: Carpet/ Hardwood
b. Closet: Walk-in / Double / Single
c. Ceiling Fan: Yes/No
d. Other: _____

21. **Other Room:** _____ x _____
a. Flooring: Carpet/ Hardwood
b. Closet: Walk-in / Double / Single
c. Ceiling Fan: Yes/No
d. Other: _____

22. **Hall Bath:** _____ x _____
a. Flooring: Tile / Vinyl / Marble
b. Bathtub / Whirlpool / Shower Stall
c. Sink: Single / Double / Pedestal
d. Linen Closet: Yes / No
e. Other: _____

23. **Hall Linen Closet:** Yes / No

24. **Attic / Loft**

25. **Garage:**
a. 1 Car / 2 Car / 3 Car
b. Attached / Detached
c. Driveway: Private / Shared
d. Assigned: # _____

26. **Basement/Lower Level:** _____ x _____
a. Recreation Room / Office / Playroom / Unfinished
b. Outside Entrance / Walk-out / Bilco / Windows
c. Fireplace / Wet Bar
d. Bathroom: Full / Half
e. Flooring: Carpet / Vinyl / Hardwood
f. Laundry: Yes / No
g. Other: _____

27. **Foundation:**
Block / Poured / Sealed / Unsealed
Sump Pump / Pump Pit / Radon Mitigation System

28. **Furnace:**
a. Gas / Oil / Heat Pump / Electric / Propane
b. FHA / Hot Water
c. Age: _____
d. Air Conditioning: Central / Window / Built-in
e. Other: _____

29. **Hot Water Heater:**
a. Type: Electric / Summer-Winter / Built-in
b. Capacity: _____
c. Age: _____

30. **Water:**
Public / Well / Holding Tank / Neutralizer / Condi.
Other Equip: _____

31. **Sewer:**
Public / On Site / Drain field / Cesspool

32. **Miscellaneous:**
a. Landscaping: _____

- b. Pool: _____

- d. Shed: _____

- c. Special: _____

- d. Neighborhood information: _____

33. **Exclusions:** Swing Set, Window Treatments, etc.

34. **Inclusions:** _____

