

# HOUSE HUNTING CHECKLIST

Property Address: \_\_\_\_\_

Price: \_\_\_\_\_ Date \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

Schools: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Number of Floors/Stories: \_\_\_\_\_

## Home Features

1=None 2=Awful 3=Acceptable 4=Good 5=Great

### Outside:

|                | 1                        | 2                        | 3                        | 4                        | 5                        |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Porch/Entryway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Driveway       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brick/Siding   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Garage         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Landscaping    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fence          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Back Deck      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yard Size      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: \_\_\_\_\_

### Master Bathroom:

|                | 1                        | 2                        | 3                        | 4                        | 5                        |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Size           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shower         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tub            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilet         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cabinet Space  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: \_\_\_\_\_

### Bathroom:

|                | 1                        | 2                        | 3                        | 4                        | 5                        |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Size           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shower         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tub            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilet         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cabinet Space  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: \_\_\_\_\_

### Master Bedroom:

|          | 1                        | 2                        | 3                        | 4                        | 5                        |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Size     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Closets  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: \_\_\_\_\_

### Living Room:

|           | 1                        | 2                        | 3                        | 4                        | 5                        |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Size      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fireplace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: \_\_\_\_\_

### Kitchen:

|                | 1                        | 2                        | 3                        | 4                        | 5                        |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Size           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Countertops    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cabinet Space  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appliances     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: \_\_\_\_\_

### Dining Room:

|          | 1                        | 2                        | 3                        | 4                        | 5                        |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Size     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walls    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: \_\_\_\_\_

## Condition of Home

|  | Y                        | N                        |
|--|--------------------------|--------------------------|
| • Do the lights dim when turning on appliances?              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do the doors open and close properly?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are there signs of moisture on the window frames or walls? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the furnace make strange noises while running?        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the floor around the toilet soft?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the washer/dryer hookups in good condition?            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there water in the basement/foundation?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there rust on the furnace?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| air conditioner?   | <input type="checkbox"/> | <input type="checkbox"/> |
| water heater?  | <input type="checkbox"/> | <input type="checkbox"/> |

## Condition of Roof

|  | Y                        | N                        |
|--|--------------------------|--------------------------|
| • Are there signs of roof sagging?       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are there missing roof tiles?          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the roof tiles moldy?              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the roof tiles curling or damaged? | <input type="checkbox"/> | <input type="checkbox"/> |

