

House Tour

Address _____

Price Property Taxes _____

Age of Home _____

Style of Home

- | | | | |
|---------------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Two Story | <input type="checkbox"/> Ranch | <input type="checkbox"/> Split Level | <input type="checkbox"/> Traditional |
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Cape Cod | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Condo |

Type of Construction

- | | | | |
|---------------------------------------|--|--------------------------------|---------------------------------|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Brick | <input type="checkbox"/> Stone | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Vinyl Siding | <input type="checkbox"/> Aluminum Siding | | |

Interior Features

Total Bedrooms _____

Total Bathrooms _____

- | | | | |
|---|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Family Room | <input type="checkbox"/> Great Room | <input type="checkbox"/> Dining Room |
| <input type="checkbox"/> Eat-in Kitchen | <input type="checkbox"/> Pantry | <input type="checkbox"/> Disposal | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Gas Range | <input type="checkbox"/> Electric Range | <input type="checkbox"/> Wall Oven | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Washer | <input type="checkbox"/> Dryer | <input type="checkbox"/> Skylights |
| <input type="checkbox"/> Whirlpool Tub | <input type="checkbox"/> Soaking Tub | | |

Good Closet Space

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Basement

- | | | |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Finished |
|------------------------------|-----------------------------|-----------------------------------|

Flooring

- | | | |
|---------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Hardwood | <input type="checkbox"/> Tile |
|---------------------------------|-----------------------------------|-------------------------------|

Utilities

Type of Heating

- | | | | |
|------------------------------------|------------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> Hot Water | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Oil |
|------------------------------------|------------------------------|-----------------------------------|------------------------------|

Insulation

- | | | | |
|-------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Cellulose | <input type="checkbox"/> Foam | <input type="checkbox"/> None |
|-------------------------------------|------------------------------------|-------------------------------|-------------------------------|

Central Air

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Plumbing Condition

- | | | |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|-------------------------------|-------------------------------|-------------------------------|

Sump Pump/Drainage System

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Connected to Sewer System

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Age of Heating System _____

Age of Water Heater Capacity _____

Age of Electrical Wiring _____

Exterior Features & Neighborhood

Backyard Area

- | | | | |
|--------------------------------|--------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Patio | <input type="checkbox"/> Deck | <input type="checkbox"/> Porch | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Expansion Ability | |

Garage

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 1 Car | <input type="checkbox"/> 2 Car | <input type="checkbox"/> 3 Car | <input type="checkbox"/> Detached |
|--------------------------------|--------------------------------|--------------------------------|-----------------------------------|

Roof Condition

- | | | |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|-------------------------------|-------------------------------|-------------------------------|

Sidewalks

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Well Maintained Neighborhood

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Easy Proximity to:

- | | | | |
|-------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Work | <input type="checkbox"/> Schools | <input type="checkbox"/> Shopping | <input type="checkbox"/> Public |
|-------------------------------|----------------------------------|-----------------------------------|---------------------------------|

Transportation

- | | | | |
|-----------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Highways | <input type="checkbox"/> Houses of Worship | <input type="checkbox"/> Train Station | <input type="checkbox"/> Airport Area |
| <input type="checkbox"/> Industry | <input type="checkbox"/> Doctors/Dentists | | |