

**Home  
Inspection  
Checklist**



ADDRESS: \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ WEATHER: \_\_\_\_\_

ASKING PRICE: \$ \_\_\_\_\_ AGE: \_\_\_\_\_ OWNED/RENTAL: \_\_\_\_\_

CONSTRUCTION: \_\_\_\_\_ RENOVATED: \_\_\_\_\_ INSULATED: \_\_\_\_\_

BEDROOMS/STUDY: \_\_\_\_\_ LIVING AREAS: \_\_\_\_\_ BATHROOMS/WC'S : \_\_\_\_\_

HEAT/COOL: \_\_\_\_\_ OVEN/COOK TOP: \_\_\_\_\_ HOT WATER: \_\_\_\_\_

OUTDOOR LIVING: \_\_\_\_\_ GARAGE/SHED: \_\_\_\_\_ BACKYARD ACCESS: \_\_\_\_\_

LAND SIZE: \_\_\_\_\_ ASPECT: \_\_\_\_\_ FENCING: \_\_\_\_\_

POOL/SPA: \_\_\_\_\_ WATER TANKS: \_\_\_\_\_ SOLAR PANELS: \_\_\_\_\_

**Home rating.      20%      40%      60%      80%      100%**

|                                |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|
| <b>Price</b>                   |  |  |  |  |  |
| <b>Location</b>                |  |  |  |  |  |
| <b>Floorplan</b>               |  |  |  |  |  |
| <b>Interior</b>                |  |  |  |  |  |
| <b>Fittings &amp; Fixtures</b> |  |  |  |  |  |
| <b>Exterior</b>                |  |  |  |  |  |

What do you like **MOST** about this home? \_\_\_\_\_

What do you like **LEAST** about this home? \_\_\_\_\_

Can you see yourself living in this home? \_\_\_\_\_