

HOME SHOPPING CHECKLIST

THE HOME

ADDRESS: _____

NUMBER OF BEDROOMS: _____

NUMBER OF BATHS: _____

SQUARE FOOTAGE: _____

AGE OF HOME: _____

ASKING PRICE: _____

OVERALL CONDITION OF HOME: _____

NOTES: _____

	GOOD	AVERAGE	POOR
Practicality of floorplan			
Closet/storage space			
Basement			
Fireplace			
Basement: dampness or odor			
Exterior appearance, condition			
Lawn/yard space			
Fence			
Patio or Deck			
Garage			
Energy efficiency			
Screens, storm windows			
Roof: age and condition			
Gutters and downspouts			

THE NEIGHBORHOOD

	GOOD	AVERAGE	POOR
Appearance/condition of nearby homes/businesses			
Traffic			
Noise Level			
Safety/Security			
Age mix of inhabitant			
Number of Children			
Parking			
Zoning regulations			
Neighborhood restrictions/covenants			
Fire Protection			
Police			
Snow Removal			
Garbage Services			

	NEARBY	TRAVEL REQUIRED
Grocery Store		
School		
Work		
Shopping		
Child care		
Hospitals		
Doctor/dentist		
Recreation/park		
Restaurants/entertainment		
Church/synagogue		
Airport		