


Pre-Purchase Checklist

| Exterior | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------------------|--|--------------------------------------|---------------------------------------|------------------------------|---|---|-------------------------------|-------------------------------|----------------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------|-----------------------------------|-----------------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| Exterior Siding/Veneer | | Exterior Windows | | Trim/Fascias | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Stone | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Wood | <input type="checkbox"/> Wood | <input type="checkbox"/> Wood | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Vinyl | <input type="checkbox"/> Block | <input type="checkbox"/> Hardiboard | <input type="checkbox"/> Metal | <input type="checkbox"/> Metal | <input type="checkbox"/> Vinyl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Stucco | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Aluminum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Glass block | | <input type="checkbox"/> Insulated Glass | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Single Pane Glass | | Exterior Doors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Wood | <input type="checkbox"/> Metal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exterior Conditions | Doors | Siding | Windows | Veneer | Trim | Fascias | Gutters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signs of Deterioration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peeling Paint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wood Rot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Moisture Penetration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cracked Glass | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loose caulking at joints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Popping Nails | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stress/Settlement Crack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needs Repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspected/Ok | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;">Deck/Balcony/Steps/Patio Location #1</td> <td style="width: 50%; vertical-align: top; padding: 5px;">Deck/Balcony/Steps/Patio Location #2</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Deck</td> <td style="padding: 5px;"><input type="checkbox"/> Deck</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Balcony</td> <td style="padding: 5px;"><input type="checkbox"/> Balcony</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Steps</td> <td style="padding: 5px;"><input type="checkbox"/> Steps</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Patio</td> <td style="padding: 5px;"><input type="checkbox"/> Patio</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Front</td> <td style="padding: 5px;"><input type="checkbox"/> Front</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Rear</td> <td style="padding: 5px;"><input type="checkbox"/> Rear</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Side</td> <td style="padding: 5px;"><input type="checkbox"/> Side</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Wood</td> <td style="padding: 5px;"><input type="checkbox"/> Wood</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Steel</td> <td style="padding: 5px;"><input type="checkbox"/> Steel</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Concrete</td> <td style="padding: 5px;"><input type="checkbox"/> Concrete</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Railing</td> <td style="padding: 5px;"><input type="checkbox"/> Railing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> N/A</td> <td style="padding: 5px;"><input type="checkbox"/> N/A</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Inspected/OK</td> <td style="padding: 5px;"><input type="checkbox"/> Inspected/OK</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Other _____</td> <td style="padding: 5px;"><input type="checkbox"/> Other _____</td> </tr> </table> | | | | | | | | Deck/Balcony/Steps/Patio Location #1 | Deck/Balcony/Steps/Patio Location #2 | <input type="checkbox"/> Deck | <input type="checkbox"/> Deck | <input type="checkbox"/> Balcony | <input type="checkbox"/> Balcony | <input type="checkbox"/> Steps | <input type="checkbox"/> Steps | <input type="checkbox"/> Patio | <input type="checkbox"/> Patio | <input type="checkbox"/> Front | <input type="checkbox"/> Front | <input type="checkbox"/> Rear | <input type="checkbox"/> Rear | <input type="checkbox"/> Side | <input type="checkbox"/> Side | <input type="checkbox"/> Wood | <input type="checkbox"/> Wood | <input type="checkbox"/> Steel | <input type="checkbox"/> Steel | <input type="checkbox"/> Concrete | <input type="checkbox"/> Concrete | <input type="checkbox"/> Railing | <input type="checkbox"/> Railing | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A | <input type="checkbox"/> Inspected/OK | <input type="checkbox"/> Inspected/OK | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| Deck/Balcony/Steps/Patio Location #1 | Deck/Balcony/Steps/Patio Location #2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Deck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Balcony | <input type="checkbox"/> Balcony | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Steps | <input type="checkbox"/> Steps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Patio | <input type="checkbox"/> Patio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Front | <input type="checkbox"/> Front | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rear | <input type="checkbox"/> Rear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Side | <input type="checkbox"/> Side | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Wood | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Steel | <input type="checkbox"/> Steel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Concrete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Railing | <input type="checkbox"/> Railing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> N/A | <input type="checkbox"/> N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Inspected/OK | <input type="checkbox"/> Inspected/OK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Walkways | | Driveway | | Retaining Walls | | Fences | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> N/A | <input type="checkbox"/> Asphalt | <input type="checkbox"/> N/A | <input type="checkbox"/> Wood | <input type="checkbox"/> N/A | <input type="checkbox"/> None | <input type="checkbox"/> N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Brick | | <input type="checkbox"/> Brick | | <input type="checkbox"/> Stone | | <input type="checkbox"/> Wood | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Flagstone | | <input type="checkbox"/> Concrete | | <input type="checkbox"/> Masonry | | <input type="checkbox"/> Metal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Settlement | | <input type="checkbox"/> Settlement | | <input type="checkbox"/> Concrete | | <input type="checkbox"/> PVC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Inspected/OK | | <input type="checkbox"/> Inspected/OK | | <input type="checkbox"/> Inspected/OK | | <input type="checkbox"/> Inspected/OK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Needs Repair | | <input type="checkbox"/> Needs Repair | | <input type="checkbox"/> Needs Repair | | <input type="checkbox"/> Needs Repair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vegetation/Trees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Displacing Foundation | | <input type="checkbox"/> Displacing Roof | | <input type="checkbox"/> Needs Trimming | | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remarks: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

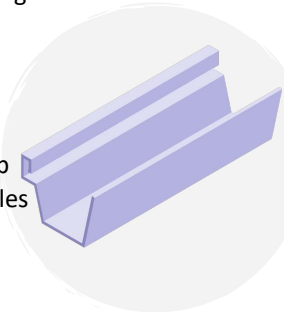
| Plumbing | |
|--|---|
| Service to House (Supply Lines) | Interior Pipes |
| <input type="checkbox"/> Copper | <input type="checkbox"/> Copper |
| <input type="checkbox"/> PVC | <input type="checkbox"/> PVC |
| <input type="checkbox"/> Galvanized | <input type="checkbox"/> Galvanized |
| <input type="checkbox"/> PEX | <input type="checkbox"/> Not Visible |
| <input type="checkbox"/> Not all Visible | <input type="checkbox"/> PEX |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Flow Observed/OK |
| | <input type="checkbox"/> Needs Repair |
| | <input type="checkbox"/> Other _____ |
| Remarks: | |
| | |
| | |



| Garage | | |
|---|---|--|
| Type <input type="checkbox"/> Attached <input type="checkbox"/> Detached | Garage Door Opener <input type="checkbox"/> None <input type="checkbox"/> Safety Stop Functioning <input type="checkbox"/> Inspected/OK <input type="checkbox"/> Other _____ | <input type="checkbox"/> Functioning Properly <input type="checkbox"/> Safety Stop Inoperative <input type="checkbox"/> Needs Repair |
| Remarks: | | |



| Roof and Drainage | | |
|--|--|--|
| Roof Condition <input type="checkbox"/> Not Visible <input type="checkbox"/> Moderate Aging <input type="checkbox"/> Serious Aging <input type="checkbox"/> Curling <input type="checkbox"/> Cracking <input type="checkbox"/> Nail Popping <input type="checkbox"/> Moss Build-Up <input type="checkbox"/> Missing Shingles <input type="checkbox"/> Signs of Leaks <input type="checkbox"/> Inspected/OK <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____ | Roof Covering Buildup Roll Metal Fiberglass Shingle Wood Shingle Asphalt Shingle Clay Tile Slate Tile Asbestos Tile Cement Tile Other _____ | Gutters <input type="checkbox"/> None <input type="checkbox"/> Loose Sections <input type="checkbox"/> Leaking Joints <input type="checkbox"/> Rusting <input type="checkbox"/> Holes <input type="checkbox"/> Debris <input type="checkbox"/> No Drains <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____ |
| Surface Water Drainage <input type="checkbox"/> Good overall grade <input type="checkbox"/> Negative Grade <input type="checkbox"/> French Drain in place <input type="checkbox"/> Ground sloped toward house <input type="checkbox"/> Ground sloped away from house | Chimney Type <input type="checkbox"/> N/A <input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Flue Visible <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Damper Operable <input type="checkbox"/> Other _____ | Chimney Exterior <input type="checkbox"/> N/A <input type="checkbox"/> Signs of Chipping <input type="checkbox"/> Loose Mortar <input type="checkbox"/> Loose Bricks <input type="checkbox"/> Cracked Crown <input type="checkbox"/> Missing Rain Cap <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____ |
| Remarks: | | |



| Crawl Space | | |
|--|--|--|
| Moisture <input type="checkbox"/> Standing Water Found <input type="checkbox"/> No Sump Pump <input type="checkbox"/> Vapor Barrier Present <input type="checkbox"/> Drainage System Present <input type="checkbox"/> Evidence of Previous Repairs | <input type="checkbox"/> Crawl Vents Blocked <input type="checkbox"/> Crawl Vents Missing <input type="checkbox"/> Evidence of Mold <input type="checkbox"/> Evidence of Rot to Subflooring <input type="checkbox"/> None <input type="checkbox"/> Not Visible | Floor <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Cracks <input type="checkbox"/> Dirt Wood Other: _____ |
| Remarks: | | |

| Attic Insulation & Ventilation | | | |
|---|---|---|--|
| Access <input type="checkbox"/> Permanent Stairs <input type="checkbox"/> Disappearing Stairs <input type="checkbox"/> Door <input type="checkbox"/> Hatch <input type="checkbox"/> Not Accessible <input type="checkbox"/> Garage Access Only <input type="checkbox"/> Other _____ | Sheathing <input type="checkbox"/> Plywood <input type="checkbox"/> Particle Board <input type="checkbox"/> Fire Rated Plywood <input type="checkbox"/> Plank <input type="checkbox"/> Sterling Board <input type="checkbox"/> Other _____ | Moisture/Water Stains <input type="checkbox"/> None <input type="checkbox"/> Signs of Condensation <input type="checkbox"/> Evidence of Leaks <input type="checkbox"/> Mold Stains <input type="checkbox"/> Rot <input type="checkbox"/> Other _____ | Insulation Type <input type="checkbox"/> Glass <input type="checkbox"/> Cellulose <input type="checkbox"/> Foam <input type="checkbox"/> Rockwool <input type="checkbox"/> Need Insulation <input type="checkbox"/> Possible Vermiculite <input type="checkbox"/> Inspected/OK |
| Remarks: | | | |

| Interior Rooms | | | |
|--|---|--|--|
| Floors | | Walls | |
| <input type="checkbox"/> Wood | | <input type="checkbox"/> Sheetrock | <input type="checkbox"/> Double Hung |
| <input type="checkbox"/> Laminate | | <input type="checkbox"/> Wood Paneling | <input type="checkbox"/> Single Hung |
| <input type="checkbox"/> Carpet | | <input type="checkbox"/> Plaster Board | <input type="checkbox"/> Sliding |
| <input type="checkbox"/> Tile | | <input type="checkbox"/> Tile | <input type="checkbox"/> Fixed Pane |
| <input type="checkbox"/> Vinyl | | <input type="checkbox"/> Plaster | <input type="checkbox"/> Awning |
| <input type="checkbox"/> Slate | | <input type="checkbox"/> Nail Pops | <input type="checkbox"/> Casement |
| <input type="checkbox"/> Stone | | <input type="checkbox"/> Moisture Stains | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Not Level | | <input type="checkbox"/> Cracks | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Worn Carpet | | <input type="checkbox"/> Peeling Paint | <input type="checkbox"/> Vinyl |
| <input type="checkbox"/> Squeaks | | <input type="checkbox"/> Loose Wallpaper | <input type="checkbox"/> Painted Shut |
| <input type="checkbox"/> Damaged | | <input type="checkbox"/> Inspected/Ok | <input type="checkbox"/> Cracked Pane |
| <input type="checkbox"/> Loose Members | | <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Broken Window |
| <input type="checkbox"/> Inspected/Ok | | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Seals |
| <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Missing Trim |
| | | Ceilings | <input type="checkbox"/> Leakage |
| Doors | | <input type="checkbox"/> Drywall | <input type="checkbox"/> Inspected/OK |
| <input type="checkbox"/> Solid Wood | | <input type="checkbox"/> Wood | <input type="checkbox"/> Needs Repair |
| <input type="checkbox"/> Wood Facing | | <input type="checkbox"/> Wood Lath | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Steel | | <input type="checkbox"/> Masonry | |
| <input type="checkbox"/> Glass | | <input type="checkbox"/> Moisture Stains | Steps/Railings/Stairs |
| <input type="checkbox"/> Hollow | | <input type="checkbox"/> Loose Plaster/Drywall | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Hardware Missing | | <input type="checkbox"/> Peeling Paint | <input type="checkbox"/> Loose Railing |
| <input type="checkbox"/> Damaged | | <input type="checkbox"/> Nail Pops | <input type="checkbox"/> Missing Railings |
| <input type="checkbox"/> Not Latching | | <input type="checkbox"/> Cracks | <input type="checkbox"/> Inspected/Ok |
| <input type="checkbox"/> Off Track | | <input type="checkbox"/> Inspected/Ok | <input type="checkbox"/> Needs Repair |
| <input type="checkbox"/> Inspected/Ok | | <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Needs Repair | | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | | | |
| Remarks: | | | |
| | | | |
| Kitchen | | | |
| Floor | | Sink | |
| <input type="checkbox"/> Wood | | <input type="checkbox"/> Hardware Leaks/Drips | <input type="checkbox"/> Not Present |
| <input type="checkbox"/> Laminate | | <input type="checkbox"/> Low Pressure | <input type="checkbox"/> Built-In |
| <input type="checkbox"/> Tile | | <input type="checkbox"/> Slow Drains | <input type="checkbox"/> Portable |
| <input type="checkbox"/> Carpet | | <input type="checkbox"/> Secured Properly | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vinyl | | <input type="checkbox"/> Working Properly | |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | |
| Cabinets & Countertops | | Microwave | |
| <input type="checkbox"/> Missing Hardware | | <input type="checkbox"/> Not Present | <input type="checkbox"/> Not Present |
| <input type="checkbox"/> Loose Counter Top | | <input type="checkbox"/> Working Properly | <input type="checkbox"/> Electric <input type="checkbox"/> Gas |
| <input type="checkbox"/> Needs Repair | | <input type="checkbox"/> Needs Repair | |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | |
| Exhaust/Fan | | Refrigerator | |
| <input type="checkbox"/> Not Present | | <input type="checkbox"/> Not Present | <input type="checkbox"/> Not Present |
| <input type="checkbox"/> Inspected/Ok | | <input type="checkbox"/> Inspected/Ok | <input type="checkbox"/> Inspected/Ok |
| <input type="checkbox"/> Needs Repair | | <input type="checkbox"/> Frost-Free | <input type="checkbox"/> Needs Repair |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Icemaker | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Needs Repair | |
| | | <input type="checkbox"/> Other _____ | |
| Remarks: | | | |
| | | | |
| Bathrooms | | | |
| Bathroom <input type="checkbox"/> ½ | <input type="checkbox"/> Full | Location _____ | Toilet |
| <input type="checkbox"/> Room Ventilation | <input type="checkbox"/> Fixture | <input type="checkbox"/> Showerheads | <input type="checkbox"/> Loose |
| <input type="checkbox"/> Faucets | <input type="checkbox"/> Plumbing Leaks | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Needs Repair |
| | | | <input type="checkbox"/> Inspected/Ok |
| Bathroom <input type="checkbox"/> ½ | <input type="checkbox"/> Full | Location _____ | Toilet |
| <input type="checkbox"/> Room Ventilation | <input type="checkbox"/> Fixture | <input type="checkbox"/> Showerheads | <input type="checkbox"/> Loose |
| <input type="checkbox"/> Faucets | <input type="checkbox"/> Plumbing Leaks | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Needs Repair |
| | | | <input type="checkbox"/> Inspected/Ok |
| Bathroom <input type="checkbox"/> ½ | <input type="checkbox"/> Full | Location _____ | Toilet |
| <input type="checkbox"/> Room Ventilation | <input type="checkbox"/> Fixture | <input type="checkbox"/> Showerheads | <input type="checkbox"/> Loose |
| <input type="checkbox"/> Faucets | <input type="checkbox"/> Plumbing Leaks | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Needs Repair |
| | | | <input type="checkbox"/> Inspected/Ok |

