

The House Hunting Checklist

PROPERTY ADDRESSES _____ SQ. FT _____

NEIGHBORHOOD _____ # BEDROOMS _____

ASKING PRICE _____ # BATHROOMS _____

THE HOME



Floor Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating & AC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backyard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curb Appeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEATURES



Laundry Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEIGHBORHOOD



Surrounding Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL SCORE

1 2 3 4 5

ADDITIONAL REMINDERS _____