

Home Inspection Checklist

This home inspection checklist is for use by a prospective Buyer of the property during the showing of the home, or thereafter, at the election of the Buyer. This form is designed to provide the Buyer with basic information about the property and a location to place notes Buyer determines are important.

To be completed by Seller:					
Property Address: _____					
Number of Bedrooms:		Baths:		Total Square Feet (Heating and Cooled):	
Age of House:		Asking Price:		Years Occupied by Seller:	
Reason for Selling: _____					
No. of Stories		Wood Frame	<input type="checkbox"/>	Brick Frame	<input type="checkbox"/>
		Wood and Brick	<input type="checkbox"/>		

To be completed by buyer:					
Near Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Street/Alleys Well Maintained	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Near Schools	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Traffic Volume	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Near Shopping	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Near Expressways	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Neighbor's Land Well Kept	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Near Public Transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	All Utilities Installed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Near Doctor/Dentists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Neighborhood Covenants/Restrictions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Near Churches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Near Trains/Airport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Garbage Collection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Area Zoned Residential	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street Lights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Near Industry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sidewalks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Proposed Special Assessments	Yes <input type="checkbox"/>	No <input type="checkbox"/>

For use by Buyer:				
Entrance Doors:	<input type="checkbox"/> OK	<input type="checkbox"/> Need Paint	<input type="checkbox"/> Water Damage	
Notes:				
Entrance Hall:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable <input type="checkbox"/> Phone		
Notes:				
Kitchen:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable <input type="checkbox"/> Phone		
Notes:				

Den:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable <input type="checkbox"/> Phone		
Notes:				
Dinning Room:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable <input type="checkbox"/> Phone		
Notes:				
Living Room:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable <input type="checkbox"/> Phone		
Notes:				
Bedroom 1:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable <input type="checkbox"/> Phone		
Notes:				
Bedroom 2:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable <input type="checkbox"/> Phone		
Notes:				
Bedroom 3:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable <input type="checkbox"/> Phone		
Notes:				
Master Bath:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable <input type="checkbox"/> Phone		
Notes:				
Bath 2:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable <input type="checkbox"/> Phone		
Notes:				
Bath 3:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other

	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable	<input type="checkbox"/> Phone	
Notes:				
Breakfast Area:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable	<input type="checkbox"/> Phone	
Notes:				
Game Room:	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable	<input type="checkbox"/> Phone	
Notes:				
Carport/Garage	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable	<input type="checkbox"/> Phone	
Notes:				
Room _____	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable	<input type="checkbox"/> Phone	
Notes:				
Room _____	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable	<input type="checkbox"/> Phone	
Notes:				
Room: _____	Walls:	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Other
	Floor:	<input type="checkbox"/> Carpet	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
	Ceiling notes:			
	Outlets:	<input type="checkbox"/> Cable	<input type="checkbox"/> Phone	
Notes:				
Fireplace:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number _____	In Which Rooms _____	
Roof:				
Notes:				
Attic:	Walk-up: <input type="checkbox"/>	Hatch: <input type="checkbox"/>	Room for Storage: <input type="checkbox"/>	
	Insulation:	Adequate: <input type="checkbox"/> Inadequate: <input type="checkbox"/>		
	Evidence of Past Water Intrusion: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Notes:																																	
Outside Paint																																	
Foundation																																	
Utilities	<table border="1"> <tr> <td>Oil Heat</td> <td><input type="checkbox"/></td> <td>Energy-Conservation Features</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gas Heat</td> <td><input type="checkbox"/></td> <td>Age of Heating System</td> <td></td> </tr> <tr> <td>Electric Heat</td> <td><input type="checkbox"/></td> <td>Age of Water Heater</td> <td></td> </tr> <tr> <td>Hot Water Heat</td> <td><input type="checkbox"/></td> <td>Capacity of Water Heater</td> <td></td> </tr> <tr> <td>Insulation</td> <td><input type="checkbox"/></td> <td>Age of Electrical Wiring</td> <td></td> </tr> <tr> <td>Central Air Conditioning</td> <td><input type="checkbox"/></td> <td>Plumbing Condition</td> <td></td> </tr> <tr> <td>Estimated Water Bill</td> <td></td> <td>Estimated Heating Bill</td> <td></td> </tr> <tr> <td>Estimated Electric Bill</td> <td></td> <td></td> <td></td> </tr> </table>	Oil Heat	<input type="checkbox"/>	Energy-Conservation Features	<input type="checkbox"/>	Gas Heat	<input type="checkbox"/>	Age of Heating System		Electric Heat	<input type="checkbox"/>	Age of Water Heater		Hot Water Heat	<input type="checkbox"/>	Capacity of Water Heater		Insulation	<input type="checkbox"/>	Age of Electrical Wiring		Central Air Conditioning	<input type="checkbox"/>	Plumbing Condition		Estimated Water Bill		Estimated Heating Bill		Estimated Electric Bill			
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