

home buyers checklist

We understand when buying a home, **in addition to an affordable price**, you'll want to be sure that the neighbourhood and home, **meet the needs of your family**. Our checklist identifies some important factors to consider in meeting your needs. We trust this list will **support you in evaluating essential criteria**. If you are selling your home we welcome enquires and provide options that can **significantly enhance your financial outcome**.

Property Address _____
Asking Price \$ _____
Stamp Duty / Taxes / Other \$ _____

the neighbourhood

Near Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Near Schools	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Near Shopping	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Near Expressways	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Near Public Transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Near Doctors / Dentists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Near Churches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Garbage Collection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Street Lights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Sidewalks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Streets / Alleys Well Maintained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Traffic Volume	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Parks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Neighbour's Property Maintained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
All Utilities Installed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Neighbourhood Restrictions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Near Trains/Airport	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Area Zoned Residential	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Near Industry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Proposed Special Assessments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Environment Concerns / Influences	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____

the home

Age of Home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Number of Levels	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Wood Frame	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Brick Frame	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Wood & Brick Frame	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Aluminum Siding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Roof Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Foundation Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Overall Exterior Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Garage Size	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____

website www.ownersonline.com.au
email admin@ownersonline.com.au
phone 02 9913 3358

ownersonline
real estate
unrivalled choice, value & results

home buyers checklist

Number of Bathrooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Number of Closets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Number of Bedrooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Oil Heat + Age of System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Gas Heat + Age of System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Electric Heat + Age of System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Hot Water Heat + Age of System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Insulation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Air Conditioning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Energy-Conservation Features	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Capacity of Water Heater	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Age of Electrical Wiring	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Plumbing condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Estimated Water Bill	\$ _____			_____
Estimated Heating Bill	\$ _____			_____
Estimated Electricity Bill	\$ _____			_____
Living Room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Fireplace	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Separate Dining Room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Family Room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Drapes - No. of Rooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Carpeting - No. of Rooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Kitchen Eating Area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Refrigerator	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Stove / Oven [Gas / Electric]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Garbage Disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Dishwasher	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Broken Windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Storm Windows / Screens	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Washer / Dryer Outlets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Laundry Space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Finished Basement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Sump Pump / Drainage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Connected to Sewer System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Patio	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Backyard Fence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Landscaping	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Property Boundaries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Security [dead bolts, detectors]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Building Code Compliance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____
Ability to Expand / Enlarge House	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check <input type="checkbox"/>	_____