

Home Buyer's Checklist

Date property visited: _____

Address: _____

Suburb: _____

Real Estate Agent: _____

Representative's Name: _____

Contact No.: _____

Asking Price/Auction Range: _____

Council Rates: _____

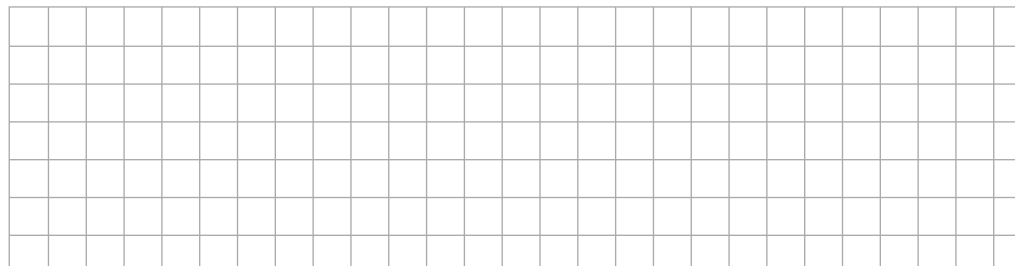
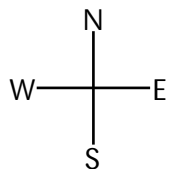
Water Rates: _____

Body Corporate Contributions: _____

Tick each service:

- | | |
|---|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Hot Water System |
| <input type="checkbox"/> Home Heating | <input type="checkbox"/> Sewage |
| <input type="checkbox"/> Air Conditioning | |

Sketch floor plan:



Included in price:

- | | |
|--|--|
| <input type="checkbox"/> Floor Coverings | <input type="checkbox"/> Curtains |
| <input type="checkbox"/> Oven/Stove | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Blinds | <input type="checkbox"/> Light Fittings |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Washing Machine |
| <input type="checkbox"/> Garage/Carport | |

Does the property:

- Meet your requirements? _____
- Have serious faults? _____
- Need renovations? _____
- Have potential for extensions? _____
- Offer value for money? _____

The property:

- Approximate size: _____
- Construction - Roof _____ Walls: _____
- No. of Rooms: _____
- No. of Bedrooms: _____ No. of Bathrooms: _____
- Water Pressure: _____ No. of Power Points: _____

Condition of:

- Exterior Walls: _____
- Guttering and Downpipes: _____
- Ceilings: _____ Walls: _____
- Floors: _____ Windows: _____

The land:

- Approximate size: _____
- | | |
|---|---|
| <input type="checkbox"/> Flat | <input type="checkbox"/> Sloped |
| <input type="checkbox"/> Steep Grad | <input type="checkbox"/> Paths/Driveway |
| <input type="checkbox"/> Subject to Flooding | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Boundary Fence/Walls | <input type="checkbox"/> Barbeque |
| <input type="checkbox"/> Clothes Line | <input type="checkbox"/> in sunny area |

The neighbourhood:

- Street Traffic: Light/Heavy/Dead End _____
- | | |
|--|--|
| <input type="checkbox"/> Public Transport | <input type="checkbox"/> Day Care |
| <input type="checkbox"/> Medical Facilities | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Parking | <input type="checkbox"/> New road developments |
| <input type="checkbox"/> Parks/Sporting Facilities | <input type="checkbox"/> Other |