

Pre-Purchase Checklist

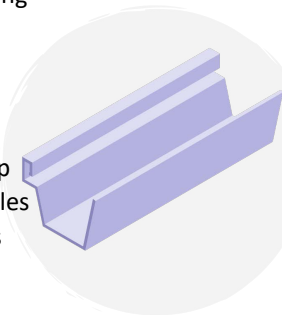
<b>Exterior</b>							
<b>Exterior Siding/Veneer</b>				<b>Exterior Windows</b>		<b>Trim/Fascias</b>	
<input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Aluminum				<input type="checkbox"/> Wood		<input type="checkbox"/> Wood	
<input type="checkbox"/> Vinyl <input type="checkbox"/> Block <input type="checkbox"/> Hardiboard				<input type="checkbox"/> Metal		<input type="checkbox"/> Vinyl	
<input type="checkbox"/> Brick <input type="checkbox"/> Asbestos <input type="checkbox"/> Stucco				<input type="checkbox"/> Vinyl		<input type="checkbox"/> Aluminum	
<input type="checkbox"/> Other _____				<input type="checkbox"/> Glass block		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Insulated Glass				<input type="checkbox"/> Single Pane Glass		<b>Exterior Doors</b>	
<input type="checkbox"/> Other _____				<input type="checkbox"/> Other _____		<input type="checkbox"/> Wood <input type="checkbox"/> Metal	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
<b>Exterior Conditions</b>	<b>Doors</b>	<b>Siding</b>	<b>Windows</b>	<b>Veneer</b>	<b>Trim</b>	<b>Fascias</b>	<b>Gutters</b>
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"/>
<b>Deck/Balcony/Steps/Patio Location #1</b>				<b>Deck/Balcony/Steps/Patio Location #2</b>			
<input type="checkbox"/> Deck <input type="checkbox"/> Balcony <input type="checkbox"/> Steps <input type="checkbox"/> Patio				<input type="checkbox"/> Deck <input type="checkbox"/> Balcony <input type="checkbox"/> Steps <input type="checkbox"/> Patio			
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side				<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side			
<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete				<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete			
<input type="checkbox"/> Railing				<input type="checkbox"/> Railing			
<input type="checkbox"/> Inspected/OK				<input type="checkbox"/> Inspected/OK			
<input type="checkbox"/> Other _____				<input type="checkbox"/> Other _____			
<b>Walkways</b> <input type="checkbox"/> N/A		<b>Driveway</b> <input type="checkbox"/> N/A		<b>Retaining Walls</b> <input type="checkbox"/> N/A		<b>Fences</b> <input type="checkbox"/> N/A	
<input type="checkbox"/> Concrete		<input type="checkbox"/> Asphalt		<input type="checkbox"/> Wood		<input type="checkbox"/> None	
<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 _____	
<b>Vegetation/Trees</b>							
<input type="checkbox"/> Displacing Foundation		<input type="checkbox"/> Displacing Roof		<input type="checkbox"/> Needs Trimming		<input type="checkbox"/> Other _____	
<b>Remarks:</b>							

<b>Plumbing</b>	
<b>Service to House (Supply Lines)</b>	<b>Interior Pipes</b>
<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 _____
<b>Remarks:</b>	

<b>Garage</b>		
<b>Type</b> <input type="checkbox"/> Attached <input type="checkbox"/> Detached	<b>Garage Door Opener</b> <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
<b>Remarks:</b>		



<b>Roof and Drainage</b>		
<b>Roof Condition</b> <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 _____	<b>Roof Covering</b> Buildup Roll Metal Fiberglass Shingle Wood Shingle Asphalt Shingle Clay Tile Slate Tile Asbestos Tile Cement Tile Other _____	<b>Gutters</b> <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 _____
<b>Surface Water Drainage</b> <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	<b>Chimney Type</b> <input type="checkbox"/> N/A <input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Damper Operable <input type="checkbox"/> Other _____	<b>Chimney Exterior</b> <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 _____
<b>Remarks:</b>		



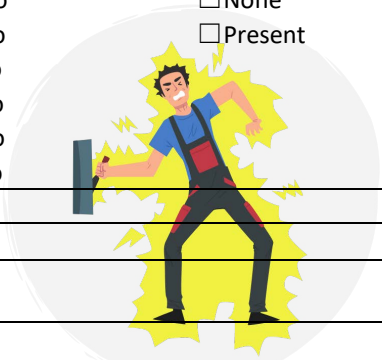
DEW Buffalo, Texas

<b>Crawl Space</b>		
<b>Moisture</b> <input type="checkbox"/> Standing Water Found <input type="checkbox"/> No Sump Pump <input type="checkbox"/> Vaper 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	<b>Floor</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Cracks <input type="checkbox"/> Dirt Wood Other: _____
<b>Remarks:</b>		

<b>Attic Insulation &amp; Ventilation</b>			
<b>Access</b> <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 _____	<b>Sheathing</b> <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 _____	<b>Moisture/Water Stains</b> <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 _____	<b>Insultation Type</b> <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
<b>Remarks:</b>			

Interior Rooms					
Floors		Walls		Windows	
<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		Dishwasher	
<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		Range/Oven	
<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		Disposal	
<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	

Electrical System		
<b>Main Panel Box</b> Location _____ Amps _____ <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses Grounded <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>GFCI (Ground Fault Circuit Interrupters)</b> Bathrooms <input type="checkbox"/> Yes <input type="checkbox"/> No Kitchen <input type="checkbox"/> Yes <input type="checkbox"/> No Garage <input type="checkbox"/> Yes <input type="checkbox"/> No Exterior <input type="checkbox"/> Yes <input type="checkbox"/> No Attic <input type="checkbox"/> Yes <input type="checkbox"/> No Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Smoke Detectors</b> <input type="checkbox"/> None <input type="checkbox"/> Present
<b>Remarks:</b> _____ _____		



STRUCTURE		
<b>Construction</b> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Mixed <input type="checkbox"/> Not All Visible <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Other _____	<b>Walls</b> <input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Stone <input type="checkbox"/> Needs Repair <input type="checkbox"/> Inspected/Ok	<b>Floor/Ceiling</b> <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Joist <input type="checkbox"/> Truss <input type="checkbox"/> Not All Visible <input type="checkbox"/> Other _____
<b>Foundation</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Slab <input type="checkbox"/> Block <input type="checkbox"/> Not All Visible <input type="checkbox"/> Bowed Severely <input type="checkbox"/> Insect Damage <input type="checkbox"/> Horizontal Cracks <input type="checkbox"/> Vertical Cracks <input type="checkbox"/> Other _____	<input type="checkbox"/> Inspected/OK <input type="checkbox"/> Previous Repair Observed <input type="checkbox"/> Missing or Loose Members <input type="checkbox"/> Possible Sheathing Damage <input type="checkbox"/> Finished Basement	
<b>Remarks:</b> _____ _____		



Heating System		
Capacity _____	Approx. Age _____	Make _____
Serial# _____	Model# _____	
<b>Type</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Gas Furnace <input type="checkbox"/> Wall Heat <input type="checkbox"/> Other _____	<b>Fuel</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other _____	<b>Air Filters</b> <input type="checkbox"/> None <input type="checkbox"/> Disposable <input type="checkbox"/> Washable <input type="checkbox"/> Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Other _____
<b>Fireplace</b> <input type="checkbox"/> None Wood burning Insert Gas Fireplace Metal Prefab Functional Needs Cleaning Freestanding Wood Stove	Location #1 _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Location #2 _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Remarks:</b> _____ _____		



Cooling System		
Capacity _____	Approx. Age _____	Make _____
Serial# _____	Model# _____	
<b>Type</b> <input type="checkbox"/> Central Air <input type="checkbox"/> Room Units <input type="checkbox"/> Electric Compressor <input type="checkbox"/> Other _____	<b>Condition</b> <input type="checkbox"/> Rust Present <input type="checkbox"/> Damaged <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____	
<b>Remarks:</b> _____ _____		

