

COMPARISON CHECKLIST

Home Buyer Checklist	1	2	3
Property Address	_____	_____	_____
Asking Price	\$ _____	\$ _____	\$ _____
The House			
Roof Condition	_____	_____	_____
Overall Exterior Condition	_____	_____	_____
Garage Size	_____	_____	_____
No. of Bathrooms	_____	_____	_____
No. of Closets	_____	_____	_____
No. of Bedrooms	_____	_____	_____
Central Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Eating Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stove/Oven (Gas/Electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>