

Property address: Date / Time

Overall score out of 10 (1 being don't bother and 10 being move in today)

Real Estate Agent Details.....

Company.....

Agents name.....

Agents phone.....

Type (eg house, unit, duplex).....

Exterior condition.....

Interior condition.....

Location

- Medical
- Dentist
- Doctor
- Hospital
- Medical Centre

Parking

- Residential _____
- For Visitors _____

Public Transport

- Bus
- Trains

Schools

- Child care
- Primary
- Secondary
- TAFE
- University

Traffic & Noise

Low / Medium / High

Recreation

- Gym
- Library
- Parks
- Pool
- Sports Club

Food & Entertainment

- Cafes
- Cinemas
- Restaurants
- Shopping
- Other _____

Garden / Courtyard / Exterior

Block size

.....

Aspect front garden N / S / E / W

Aspect rear garden N / S / E / W

BBQ area Yes No

Driveway

Sealed

Unsealed

Fences

Timber

Colour bond

Other _____

Garage

Single

Double

Carport

Reticulated

Bore

Mains

Lighting

Power points _____

Patio/Deck/Veranda

Covered

Exposed

Shed/workshop

Pool

NOTES

LIVING ROOMS

- Air conditioned
 - Cooling only
 - Heating only
 - Reverse Cycle
 - Ceiling fans
- Aspect of windows **N / S / E / W**
- Balcony
- Gas bayonet
- Floors
 - Carpets
 - Floorboards
 - Tiles
 - Other
- Flyscreens
- Window treatments _____
- Phone connection
- TV Connection
 - Foxtel connection
 - Free to air connection
- Smoke detectors

Kitchen

- Air conditioned
 - Cooling only
 - Heating only
 - Reverse Cycle
- Cook top **Gas** **Electric**
- Oven **Gas** **Electric**
- Number of Cupboards _____
- Cupboard access
 - Fixed Shelves
 - Pull out shelves
- Pantry
- Dishwasher
- Floors
 - Floorboards
 - Tiles
 - Other
- Range hood
- Fly screens
- Window treatments _____
- Phone connection
- Number of power points _____

Bedrooms

- | | 1 | 2 | 3 | 4 |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Air-conditioned | | | | |
| Cooling only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reverse Cycle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Split System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling fan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aspect of windows | N / S / E / W | | | |
| Balcony | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Built in robes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Floors | | | | |
| Carpets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Floorboards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tiles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fly screens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone connection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| # Power Point | _____ | | | |
| Smoke Detectors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TV Connection | | | | |
| Foxtel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Free to air | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bathrooms

- | | Bath 1 | Bath 2 |
|------------------|--------------------------|--------------------------|
| Cupboards | _____ | _____ |
| Drawers | _____ | _____ |
| Extraction fan | <input type="checkbox"/> | <input type="checkbox"/> |
| Floors | | |
| Floorboards | <input type="checkbox"/> | <input type="checkbox"/> |
| Tiles | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Flyscreen | <input type="checkbox"/> | <input type="checkbox"/> |
| Heater | <input type="checkbox"/> | <input type="checkbox"/> |
| # Power points | <input type="checkbox"/> | <input type="checkbox"/> |
| Shower | <input type="checkbox"/> | <input type="checkbox"/> |
| Bath | <input type="checkbox"/> | <input type="checkbox"/> |
| Towel rails | <input type="checkbox"/> | <input type="checkbox"/> |
| Vanity | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot water system | | |
| Solar | <input type="checkbox"/> | <input type="checkbox"/> |
| Gas | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES
