

CRESTED BUTTE




House Hunting Checklist™

PROPERTY ADDRESS: _____

LIST PRICE: _____ **# OF BEDROOMS:** _____ **# OF BATHROOMS:** _____ **TOTAL SQ. FT.:** _____

GARAGE: YES NO **OFF-STREET PARKING:** YES NO **YARD:** YES NO

THE HOME			
Exterior Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floorplan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra Bedroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra Bathroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THE FEATURES			
Kitchen Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patio/Balcony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/C & Heating System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSE COST	
Mortgage: \$ _____	Insurance: \$ _____
Taxes: \$ _____	HOA: \$ _____
TOTAL: \$ _____	
<small>Hint: Input as monthly expenses to help determine your carrying costs.</small>	

NOTES ABOUT THE NEIGHBORHOOD/HOA COMPLEX

Appearance: _____

Traffic: _____

Security/Safety: _____

Nearby Schools: _____

Close to: WORK SCHOOLS TRANSPORTATION RECREATION/PARKS RESTAURANTS

Notes: _____

FINAL IMPRESSION DISLIKE LIKE LOVE