

Advantage Pointe Properties

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 Albuquerque, NM 87114
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Property Condition Report

If completed by tenant, this document must be returned to Advantage Pointe Properties within five (5) calendar days of the date on which you took possession. Failure to return this document in the allotted time may result in nullifying any claims you may have to pre-existing conditions of the property.

Inspection Completed By:	<input type="checkbox"/> Tenant <input type="checkbox"/> Property Manager	Property Manager Name
Inspection Date:		

Property Address:			
Primary Tenant Name:		Possession Date:	

Please indicate the overall condition of the items with the areas below by striking through or circling the appropriate number where '0' = None or Not Applicable; '1' = Unacceptable; '2' = Poor; '3' = Fair; '4' = Good; '5' = Excellent. Enter comments for each area in the space provided.

Kitchen

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5		
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl		
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both		
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5		
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5		
Switches & Outlets:	None 1 2 3 4 5	Cabinets:	None 1 2 3 4 5		
Counter Tops:	None 1 2 3 4 5	Counter Top Type:	<input type="checkbox"/> Formica <input type="checkbox"/> Corian <input type="checkbox"/> Granite <input type="checkbox"/> Tile <input type="checkbox"/> Other		
Sinks and Faucets:	None 1 2 3 4 5	Island?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td style="border: none;">Breakfast Bar?:</td> <td style="border: none;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Breakfast Bar?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breakfast Bar?:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Dishwasher:	None 1 2 3 4 5	Make:			
		Model:			
		Serial Number:			
		Color:			
Range and Oven: (Incl. Hood, Fan & Light)	None 1 2 3 4 5 <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Make:			
		Model:			
		Serial Number:			
		Color:			

Kitchen Continued on Next Page

Kitchen – Continued

Refrigerator:	None 1 2 3 4 5	Make:	
		Model:	
		Serial Number:	
		Color:	
Microwave:	None 1 2 3 4 5	Make:	
		Model:	
		Serial Number:	
		Color:	

Kitchen Comments

Dining Area

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Cabinets:	None 1 2 3 4 5
Counter Tops:	None 1 2 3 4 5	Counter Top Type:	<input type="checkbox"/> Formica <input type="checkbox"/> Corian <input type="checkbox"/> Granite <input type="checkbox"/> Tile <input type="checkbox"/> Other None 1 2 3 4 5
Mirrors:	None 1 2 3 4 5	Fireplace:	<input type="checkbox"/> Wood w/Gas Starter <input type="checkbox"/> Wood w/No Starter <input type="checkbox"/> Gas Log Gas Valve Key? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dining Area Comments

Living Area

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both

Living Area Continued on Next Page

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Living Area - Continued

Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Cabinets:	None 1 2 3 4 5
Counter Tops:	None 1 2 3 4 5	Counter Top Type:	<input type="checkbox"/> Formica <input type="checkbox"/> Corian <input type="checkbox"/> Granite <input type="checkbox"/> Tile <input type="checkbox"/> Other None 1 2 3 4 5
Mirrors:	None 1 2 3 4 5	Fireplace:	<input type="checkbox"/> Wood w/Gas Starter <input type="checkbox"/> Wood w/No Starter <input type="checkbox"/> Gas Log <input type="checkbox"/> Gas Valve Key? <input type="checkbox"/> Yes <input type="checkbox"/> No

Living Area Comments

Family Room

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Cabinets:	None 1 2 3 4 5
Counter Tops:	None 1 2 3 4 5	Counter Top Type:	<input type="checkbox"/> Formica <input type="checkbox"/> Corian <input type="checkbox"/> Granite <input type="checkbox"/> Tile <input type="checkbox"/> Other None 1 2 3 4 5
Mirrors:	None 1 2 3 4 5	Fireplace:	<input type="checkbox"/> Wood w/Gas Starter <input type="checkbox"/> Wood w/No Starter <input type="checkbox"/> Gas Log <input type="checkbox"/> Gas Valve Key? <input type="checkbox"/> Yes <input type="checkbox"/> No

Family Room Comments

Bathroom #1

<input type="checkbox"/> 1st Floor <input type="checkbox"/> 2 nd Floor		<input type="checkbox"/> Half <input type="checkbox"/> Three Quarter <input type="checkbox"/> Full	
Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl

Bathroom #1 Continued on Next Page

Bathroom #1 - Continued			
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Cabinets:	None 1 2 3 4 5
Counter Tops:	None 1 2 3 4 5	Counter Top Type:	<input type="checkbox"/> Formica <input type="checkbox"/> Corian <input type="checkbox"/> Granite <input type="checkbox"/> Tile <input type="checkbox"/> Other
Sinks and Faucets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5
Bathtub:	None 1 2 3 4 5	Type:	<input type="checkbox"/> Garden <input type="checkbox"/> Jacuzzi Combo Tub/Shwr <input type="checkbox"/> Yes <input type="checkbox"/> No
Shower:	None 1 2 3 4 5	Shower Rod: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shower Curtain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Commode:	None 1 2 3 4 5	Towel Racks:	None 1 2 3 4 5
Tissue Holder:	None 1 2 3 4 5		

Bathroom #1 Comments

Master Bedroom 1st Floor 2nd Floor

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5
Fireplace:	None 1 2 3 4 5	Fireplace:	None 1 2 3 4 5 <input type="checkbox"/> Wood w/Gas Starter <input type="checkbox"/> Wood w/No Starter <input type="checkbox"/> Gas Log Gas Valve Key? <input type="checkbox"/> Yes <input type="checkbox"/> No

Master Bedroom Comments

Master Bedroom Closet

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5

Master Bedroom Closet Continued on Next Page

Master Bedroom Closet - Continued

Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5

Master Bedroom Closet Comments

Master Bathroom None Half Three Quarter Full

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Cabinets:	None 1 2 3 4 5
Counter Tops:	None 1 2 3 4 5	Counter Top Type:	<input type="checkbox"/> Formica <input type="checkbox"/> Corian <input type="checkbox"/> Granite <input type="checkbox"/> Tile <input type="checkbox"/> Other
Sinks and Faucets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5
Bathtub:	None 1 2 3 4 5	Type:	<input type="checkbox"/> Garden <input type="checkbox"/> Jacuzzi Combo Tub/Shwr <input type="checkbox"/> Yes <input type="checkbox"/> No
Shower:	None 1 2 3 4 5	Shower Rod: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shower Curtain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Commode:	None 1 2 3 4 5	Towel Racks:	None 1 2 3 4 5
Tissue Holder:	None 1 2 3 4 5		

Master Bathroom Comments

Bedroom #2 None 1st Floor 2nd Floor

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
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Bedroom #2 Continued on Next Page

Bedroom #2 - Continued

Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5

Bedroom #2 Comments

Bedroom #2 Closet

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5

Bedroom #2 Closet Comments

Bedroom #3 None 1st Floor 2nd Floor

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5

Bedroom #3 Continued on Next Page

Bedroom #3 - Continued**Bedroom #3 Comments****Bedroom #3 Closet**

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5

Bedroom #3 Closet Comments**Bedroom #4 None 1st Floor 2nd Floor**

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5

Bedroom #4 Comments**Bedroom #4 Closet**

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl

Bedroom #4 Closet Continued On Next Page

Bedroom #4 Closet - Continued

Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5

Bedroom #4 Closet Comments

Bedroom #5 None 1st Floor 2nd Floor

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5

Bedroom #5 Comments

Bedroom #5 Closet

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5

Bedroom #5 Closet Continued On Next Page

Bedroom #5 Closet - Continued

Bedroom #5 Closet Comments

Bathroom #2 None Half Three Quarter Full 1st Floor 2nd Floor

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Cabinets:	None 1 2 3 4 5
Counter Tops:	None 1 2 3 4 5	Counter Top Type:	<input type="checkbox"/> Formica <input type="checkbox"/> Corian <input type="checkbox"/> Granite <input type="checkbox"/> Tile <input type="checkbox"/> Other
Sinks and Faucets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5
Bathtub:	None 1 2 3 4 5	Type:	<input type="checkbox"/> Garden <input type="checkbox"/> Jacuzzi Combo Tub/Shwr <input type="checkbox"/> Yes <input type="checkbox"/> No
Shower:	None 1 2 3 4 5	Shower Rod: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shower Curtain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Commode:	None 1 2 3 4 5	Towel Racks:	None 1 2 3 4 5
Tissue Holder:	None 1 2 3 4 5		

Bathroom #2 Comments

Bathroom #3 None Half Three Quarter Full 1st Floor 2nd Floor

Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Ceiling Fan(s):	None 1 2 3 4 5	Ceiling Fan Remotes:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Cabinets:	None 1 2 3 4 5

Bathroom #3 Continued on Next Page

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Bathroom #3 - Continued			
Counter Tops:	None 1 2 3 4 5	Counter Top Type:	<input type="checkbox"/> Formica <input type="checkbox"/> Corian <input type="checkbox"/> Granite <input type="checkbox"/> Tile <input type="checkbox"/> Other
Sinks and Faucets:	None 1 2 3 4 5	Mirrors:	None 1 2 3 4 5
Bathtub:	None 1 2 3 4 5	Type:	<input type="checkbox"/> Garden <input type="checkbox"/> Jacuzzi Combo Tub/Shwr <input type="checkbox"/> Yes <input type="checkbox"/> No
Shower:	None 1 2 3 4 5	Shower Rod:	<input type="checkbox"/> Yes <input type="checkbox"/> No Shower Curtain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Commode:	None 1 2 3 4 5	Towel Racks:	None 1 2 3 4 5
Tissue Holder:	None 1 2 3 4 5		

Bathroom #3 Comments			

Laundry Room <input type="checkbox"/> 1 st Floor <input type="checkbox"/> 2 nd Floor <input type="checkbox"/> Utility Room <input type="checkbox"/> Garage <input type="checkbox"/> Closet			
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Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Cabinets:	None 1 2 3 4 5
Counter Tops:	None 1 2 3 4 5	Counter Top Type:	<input type="checkbox"/> Formica <input type="checkbox"/> Corian <input type="checkbox"/> Granite <input type="checkbox"/> Tile <input type="checkbox"/> Other
Sinks and Faucets:	None 1 2 3 4 5	Wash Tub:	None 1 2 3 4 5
Hook-ups:	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Both		

Washer:	None 1 2 3 4 5	Make:	
		Model:	
		Serial No.:	
		Color:	
Dryer:	None 1 2 3 4 5	Make:	
		Model:	
		Serial No.:	
		Color:	

Laundry Room Comments			

Continued on Next Page

Garage <input type="checkbox"/> 1 Bay <input type="checkbox"/> 2 Bay <input type="checkbox"/> 3 Bay <input type="checkbox"/> 1 Door <input type="checkbox"/> 2 Doors			
Ceiling:	None 1 2 3 4 5	Walls:	None 1 2 3 4 5
Floor:	None 1 2 3 4 5	Floor Type:	<input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl
Doors & Door Stops:	None 1 2 3 4 5	Blinds & Curtains:	None 1 2 3 4 5 <input type="checkbox"/> Blinds <input type="checkbox"/> Curtains <input type="checkbox"/> Both
Windows, Screen & Locks:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Cabinets:	None 1 2 3 4 5
Counter Tops:	None 1 2 3 4 5	Counter Top Type:	<input type="checkbox"/> Formica <input type="checkbox"/> Corian <input type="checkbox"/> Granite <input type="checkbox"/> Tile <input type="checkbox"/> Other
Sinks and Faucets:	None 1 2 3 4 5	Wash Tub:	None 1 2 3 4 5
Garage Door Opener(s):	None 1 2 3 4 5	# of Openers:	
		Make:	
		Model:	
Opener Remote(s):	None 1 2 3 4 5	# of Remotes:	
Garage Comments			
Exterior			
Siding:	None 1 2 3 4 5	Type:	<input type="checkbox"/> Stucco <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Adobe <input type="checkbox"/> Other <input type="checkbox"/> Combination of Checked
Doors & Door Stops:	None 1 2 3 4 5	Light Fixtures and Bulbs:	None 1 2 3 4 5
Switches & Outlets:	None 1 2 3 4 5	Hose Bibs:	None 1 2 3 4 5
Gutters:	None 1 2 3 4 5	Driveway(s) & Walkways:	None 1 2 3 4 5
Doorbell(s):	None 1 2 3 4 5		
Exterior Comments			
Landscaping - Front			
Sprinkler System:	None 1 2 3 4 5	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic Timer	If Automatic Timer:
			Make:
			Model:
Landscaping:	None 1 2 3 4 5	<input type="checkbox"/> Xeri-scape <input type="checkbox"/> Grass <input type="checkbox"/> Combination	
Plants, Trees & Shrubbery:	None 1 2 3 4 5	<input type="checkbox"/> Mature <input type="checkbox"/> Immature <input type="checkbox"/> Combination	
Landscaping Continued of Next Page			

