



Property Inspection Report

Property Address: _____

Prepared By: _____ Date: _____

Condition	Poor	Fair	Good	Comments	Estimated Cost of Repairs
1) Grounds					
a. Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b. Patio/Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c. Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d. Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2) Exterior					
a. Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b. Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c. Wood Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d. Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e. Porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
f. Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
h. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3) Interior					
a. Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b. Carpeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c. Hardwood Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d. Walls & Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e. Bedroom #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
f. Bedroom #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
g. Bedroom #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
h. Bedroom #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
i. Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
j. Bathroom #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
k. Bathroom#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
l. Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
m. Family room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
n. Den	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
o. Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
p. Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
q. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
r. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

