



" The Best Experience in Real Estate "

155 Water Street, 4th Flr  
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Property Address Viewed: \_\_\_\_\_

Borough/Neighborhood: \_\_\_\_\_

Lot Size: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Taxes: \$ \_\_\_\_\_

*You'll want to make several copies of this checklist and fill one out for each home you view. Then, comparing your ratings later will make selecting the right home easier for you.*

THE HOME		Good	Avg.	Poor	THE BLOCK		Good	Avg.	Poor
Square Footage	<input type="text"/>	_____	_____	_____	Appearance of nearby homes	_____	_____	_____	
# of Residential Units	<input type="text"/>	_____	_____	_____	Traffic Conditions	_____	_____	_____	
# of Bedrooms	<input type="text"/>	_____	_____	_____	Noise Level	_____	_____	_____	
# of Bathrooms	<input type="text"/>	_____	_____	_____	Safety/Security	_____	_____	_____	
Practicality of Floor Plan		_____	_____	_____	Parking Availability	_____	_____	_____	
Interior Walls Condition		_____	_____	_____	THE NEIGHBORHOOD		Good	Avg.	Poor
Number of Closets/Storage	<input type="text"/>	_____	_____	_____	Proximity to Schools	_____	_____	_____	
Basement (odor/dampness)		_____	_____	_____	Fire Protection	_____	_____	_____	
Furnace (Age & Condition)		_____	_____	_____	Police Protection	_____	_____	_____	
HWH (Age & Condition)		_____	_____	_____	Snow Removal	_____	_____	_____	
Electrical (Amps/Control)		_____	_____	_____	Garbage Pickup	_____	_____	_____	
Sewer Line/Septic Tank		_____	_____	_____	Supermarkets	_____	_____	_____	
Fireplace/Chimney		_____	_____	_____	Commute to Work	_____	_____	_____	
Doors (interior/exterior)		_____	_____	_____	Child Day Care	_____	_____	_____	
Cable/Satellite TV		_____	_____	_____	Hospitals	_____	_____	_____	
Exterior appearance/condition		_____	_____	_____	Recreation/Parks	_____	_____	_____	
Lawn/Backyard/Front yard		_____	_____	_____	Church/Temple/Mosque	_____	_____	_____	
Fence		_____	_____	_____	Restuarants/Entertainment	_____	_____	_____	
Garage/Driveway		_____	_____	_____	Doctor/Dentist	_____	_____	_____	
Windows		_____	_____	_____	_____	_____	_____	_____	
Roof: age and condition		_____	_____	_____	_____	_____	_____	_____	
Gutters and Downspouts		_____	_____	_____	_____	_____	_____	_____	

Additional Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_