

HOME REVIEW

Physical Description of Home - Please complete the following:

Style: <input type="checkbox"/> Ranch <input type="checkbox"/> Two story <input type="checkbox"/> Bi-level <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Other	# Bedrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> other _____	# Bathrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> other _____	Garage: <input type="checkbox"/> None <input type="checkbox"/> Attached <input type="checkbox"/> Unattached	Yard Fenced: <input type="checkbox"/> Yes <input type="checkbox"/> No	Setting: <input type="checkbox"/> Large City <input type="checkbox"/> Suburb <input type="checkbox"/> Small town <input type="checkbox"/> Rural
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Square footage of living space in home: _____ square feet

Size of your property: _____ acres

Other Rooms in Home - Please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Basement (<input type="checkbox"/> Finished <input type="checkbox"/> Unfinished) |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Exercise Room |
| <input type="checkbox"/> Family Room (Den) | <input type="checkbox"/> Sewing or Craft Room |
| <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Storage Room |
| <input type="checkbox"/> Playroom | <input type="checkbox"/> Other (please describe) _____ |

Do you have carbon monoxide detectors in the home? Yes No How many: _____

Do you have fire extinguishers in the home? Yes No How many: _____

Do you have smoke detectors in the home? Yes No How many: _____

Do you have an established fire escape plan? Yes No

Are there any guns in the home? Yes No How many: _____

How are the guns and ammunition stored? _____

Is there a Pool/Pond/River on or near your property: Yes No

Describe water safety precautions _____

What school district do you reside in? _____

What school or school district will your child(ren) attend?

What community resources and parks are within easy commute?
