


 Resale

 New

Type of Home

 Detached

 Townhouse

 Highrise

 Semi-detached

 Duplex

 Low-rise

Type of ownership

 Freehold

 Condominium

Age of home _____

Lot size (ft²) _____

Quiet street

 Yes

 No

Type of exterior finish

 Brick

 Wood

 Aluminum siding

 Vinyl siding

 Combination brick and siding

Windows Glazing

 Single

 Double

 Triple

 Low-E

Windows Construction

 Wood

 Vinyl

 Metal

 Other

Water heating

 Gas

 Electric

Electrical system

 100amp

 200amp

 Other

 Fuses

 Circuit breakers

Type of heating fuel

 Gas

 Electric

Air Conditioning

 Central

 Window

Attach real estate listing information sheet or fill in below.

Bedrooms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4+
Bathrooms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4+
Master bedroom en-suite	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Ground floor bathroom	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Eat-in kitchen	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Separate dining room	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Separate family room	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Fireplace	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Basement	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Finished	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Deck or patio	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Private driveway	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Security system	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Carport	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Garage	<input type="checkbox"/> Attached		<input type="checkbox"/> Detached	
Garage Size (cars)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

Close to (approximate km)

Work _____

Spouse's Work _____

Public transportation _____

Schools _____

Shopping _____

Parks/playgrounds _____

Recreation facilities _____

Places of worship _____

Police station _____

Fire station _____

Hospital _____

Doctor _____

Dentist _____

Veterinarian _____

Comments

Buyers Guide

[Home Features Checklist](#)
[Home Hunting Worksheets](#)
[Home Purchase Costs Estimate](#)
[Monthly Expenses](#)
[Neighbourhood Features Checklist](#)
[Your Team of Professionals](#)