

MY PROPERTY RATING CHECKLIST

When viewing many properties make it easy to remember and compare those you are considering by completing this **BOX\$MART** rating at every visit.

Date _____ Time viewed __ AM __ PM Property type ___ story House, Bungalow, Townhouse, Villa, Unit, Duplex, other _____
 Conditions Sunny / Dull / Raining / other _____
 Address _____ Transaction Private treaty/Lease/Auction - Date _____
 _____ Title: Freehold, Torrens, Strata, Leasehold, other _____

ENTER YOUR RATING, 0 FOR TERRIBLE UP TO 5 FOR EXCELLENT IN EACH RELEVANT BOX

First Impressions	
Street Parking restricted/permit/easy	
Street busy/quiet etc	
Streetscape open/tree lined/built up	
Access steep/hazardous/easy	
Neighbouring properties industrial/commercial/houses/ flat	
Noise levels (traffic/trains/aircraft)	
Most significant first feature	
i.e. red door/paved path/broken fence	
Overall Impression Total ▶	

Exterior	
Front fence / gate	
Path / steps and Driveway	
Roof Condition Tiles / Slate / Iron	
Gutters & Downpipes	
Walls Brick / Weatherboard / Fibro other _____	
Window frames Timber / Aluminium / Steel	
Front Garden	
Balcony / Veranda / Porch	
Privacy overlooked / overlooking	
Overhanging Trees	
Doors and Security features	
Off street parking for ___ vehicles	
Driveway / Carport / Garage	
External Buildings Shed / Garage	
Land area ___ Mts x ___ Mts	
Building size ___ squares	
Exterior Overall Total ▶	
Questions for agent & notes	

Interior	
Entry hall/foyer/reception	
Lounge/Living room	
Floor carpet/timber/tiled/other ___	
Walls painted/papered/other ___	
Dining room	
Master Bedroom	
En Suite Bathroom	
Robes (Built in / Walk in)	
Floor carpet/timber/tiled/other ___	
Walls painted/papered/other ___	
2nd Bedroom	
Robes built in Y /N	
Floor carpet/timber/tiled/other ___	
Walls painted/papered/other ___	
3rd Bedroom	
Robes built in Y / N	
Floor carpet/timber/tiled/other ___	
Walls painted/papered/other ___	
Additional Bedroom/s No. ___	
Robes built in Y / N	
Floor carpet/timber/tiled/other ___	
Walls painted/papered/other ___	
Study / Home Office	
Family room	
Games / TV room / Den	
Kitchen D/washer benches etc	
Stove and range Gas / electric	
Main Bathroom	
Walls Tiled / painted / papered	
Shower	
Bath / Spa	
Floor	
Bathroom/s Quantity ___	
Toilet/s Quantity ___	
Laundry	
Heating Fireplaces / central heating / gas / electric / other ___	
Air Conditioning Room/ducted	
Interior Overall Total ▶	

If you like the property and it suites your lifestyle and future needs then continue your rating checklist.

Garden	
Aspect N / S / E / W	
Sunny in the morning / afternoon	
Access	
Lawn	
Patio / Deck	
Trees	
Pool & Fencing / Heating	
Privacy	
Garden Overall Total ▶	

Location Access	
Public transport	
Shopping	
Schools	
Family	
Work	
Medical facilities	
Recreation	
Friends	
Location Overall Total ▶	

ADD ALL TOTALS TOGETHER

TOTAL RATING ▶

Realtor Company _____
 Agent's name _____ or attach business card _____
 Office Phone: _____
 Mobile: _____
 Worth another look? Yes / No
 Appointment date _____ Time _____
 Your offer \$ _____
 Best attribute _____
 Worst aspect _____
 Next Action _____



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