

Pre-Sale Property Condition Assessment Form

Property Information

Property Address

Owner/Seller Name

Assessment Date

Assessor Name

Exterior Assessment

| Item | Condition | Comments |
|---------------|----------------------|----------------------|
| Roof | <input type="text"/> | <input type="text"/> |
| Walls/Siding | <input type="text"/> | <input type="text"/> |
| Windows/Doors | <input type="text"/> | <input type="text"/> |
| Foundation | <input type="text"/> | <input type="text"/> |
| Landscaping | <input type="text"/> | <input type="text"/> |

Interior Assessment

| Item | Condition | Comments |
|-------------------|----------------------|----------------------|
| Floors | <input type="text"/> | <input type="text"/> |
| Walls/Ceilings | <input type="text"/> | <input type="text"/> |
| Plumbing Fixtures | <input type="text"/> | <input type="text"/> |

| | | |
|--------------------|-----------------------------------|-----------------------------------|
| Electrical Systems | <div><div></div><div></div></div> | <div><div></div><div></div></div> |
| HVAC | <div><div></div><div></div></div> | <div><div></div><div></div></div> |
| Kitchen | <div><div></div><div></div></div> | <div><div></div><div></div></div> |
| Bathrooms | <div><div></div><div></div></div> | <div><div></div><div></div></div> |

General Comments & Recommendations

Assessor Signature

Date

Owner/Seller Signature

Date