

Utilities		Public	Other (describe)	Public		Other (describe)	Off-site Improvements- Type		Public	Private																			
Electricity		<input type="checkbox"/>	<input type="checkbox"/>	Water		<input type="checkbox"/>	<input type="checkbox"/>	Street		<input type="checkbox"/>	<input type="checkbox"/>																		
Gas		<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Sewer		<input type="checkbox"/>	<input type="checkbox"/>	Alley		<input type="checkbox"/>	<input type="checkbox"/>																		
General Description				Foundation			Ext Description		mat/cond		Dues \$	M	Q	Y															
Units <input type="checkbox"/> One <input type="checkbox"/> Additions				<input type="checkbox"/> Poured Concrete <input type="checkbox"/> Concrete Runners			Skirting				Includes:																		
# of Stories <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other				<input type="checkbox"/> Block & Pier <input type="checkbox"/> Other			Exterior Walls																						
Design (Style)				<input type="checkbox"/> Full Basement <input type="checkbox"/> Partial Basement			Roof Surface																						
# o Sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				Basement Area sq ft			Gutters & Downspouts																						
<input type="checkbox"/> Other				Basement Finish %			Window Type																						
Type <input type="checkbox"/> Det <input type="checkbox"/> Att <input type="checkbox"/> S-det/End Unit				<input type="checkbox"/> Outside Entry/Exit <input type="checkbox"/> Sump pump			Storm Sash/Insulated																						
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Under Const				Evidence of <input type="checkbox"/> Infestation			Screens				CO Det <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																		
Year Built Effective Age (Yrs)				<input type="checkbox"/> Dampness <input type="checkbox"/> Settlement			Doors <input type="checkbox"/> Insulated				Car Storage <input type="checkbox"/> None																		
View				Heating <input type="checkbox"/> FWA <input type="checkbox"/> HWBB <input type="checkbox"/> Radiant			Interior Doors <input type="checkbox"/> Solid <input type="checkbox"/> Hollow				<input type="checkbox"/> Driveway # of Cars																		
Attic <input type="checkbox"/> None				<input type="checkbox"/> Heat Pump <input type="checkbox"/> EBB <input type="checkbox"/> EWE			Amenities <input type="checkbox"/> Woodstove(s) #				Driveway Surface																		
<input type="checkbox"/> Drop Stair <input type="checkbox"/> Stairs				<input type="checkbox"/> Other Fuel			<input type="checkbox"/> Fireplace(s)# <input type="checkbox"/> Fence				<input type="checkbox"/> Garage # of Cars																		
<input type="checkbox"/> Floor <input type="checkbox"/> Scuttle				Cooling <input type="checkbox"/> Central Air Condition			<input type="checkbox"/> Patio/Deck <input type="checkbox"/> Porch				<input type="checkbox"/> Carport # of Cars																		
<input type="checkbox"/> Finished <input type="checkbox"/> Heated				<input type="checkbox"/> Individual <input type="checkbox"/> Other			<input type="checkbox"/> Pool <input type="checkbox"/> Other				<input type="checkbox"/> Att. <input type="checkbox"/> Det. <input type="checkbox"/> Built-In																		
Appliances <input type="checkbox"/> Refrigerator <input type="checkbox"/> Range/Oven <input type="checkbox"/> Dishwasher <input type="checkbox"/> Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Other (describe)																													
Retailer's Name (New Construction)						Adequate Vehicular Access <input type="checkbox"/> Yes <input type="checkbox"/> No				Street Maintained <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Is the HUD Data Plate/Compliance Certificate attached to the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No								Location:																					
Is a HUD Certification Label attached to the exterior of each section of the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
Manufacture's Serial #(s)/VIN #(s)																													
HUD Certification Label #(s)				ORE			ORE			ORE			ORE																
Manufacture's Name:						Trade/Model:				Date of Manufacture:																			
Installer's Name:						Date Installed:				Model Year:																			
Is home attached to a permanent foundation system? <input type="checkbox"/> Yes <input type="checkbox"/> No						Is home permanently connected to septic or sewer and other utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
Have the towing hitch, wheels & axels been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No						Does home have sufficient area & room size to be acceptable to the market? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
Kitchen		H	<input type="checkbox"/>	L	Living room		H	<input type="checkbox"/>	L	H		<input type="checkbox"/>	L	M Ba F ¼ ½ H <input type="checkbox"/>		L	Ba 2 F ¾ ½ H <input type="checkbox"/>		L	Ba 3 F ¾ ½ H <input type="checkbox"/>		L	F ¾ ½ H <input type="checkbox"/>		L				
Floor					Floor					Floor					Floor					Floor					Floor				
Walls					Walls					Walls					Walls					Walls					Walls				
Trim/Finish					Trim/Finish					Trim/Finish					Trim/Finish					Trim/Finish					Trim/Finish				
Cabinet										Vanity					Vanity					Vanity									
Counter										Counter					Counter					Counter									
Wainscot										Wainscot					Wainscot					Wainscot									
Sink <input type="checkbox"/> Dual										Sink <input type="checkbox"/> Dual					Sink <input type="checkbox"/> Dual					Sink <input type="checkbox"/> Dual									
Appliances										Tub <input type="checkbox"/> T/S					Tub <input type="checkbox"/> T/S					Tub <input type="checkbox"/> T/S									
										Shower					Shower					Shower									
Dining room		H	<input type="checkbox"/>	L	Family room		H	<input type="checkbox"/>	L	Den		H	<input type="checkbox"/>	L	M Bed H <input type="checkbox"/> CO <input type="checkbox"/>		L	Bed 2 H <input type="checkbox"/> CO <input type="checkbox"/>		L	Bed 3 H <input type="checkbox"/> CO <input type="checkbox"/>		L	Bed 4 H <input type="checkbox"/> CO <input type="checkbox"/>		L			
Floor					Floor					Floor					Floor					Floor					Floor				
Walls					Walls					Walls					Walls					Walls					Walls				
Trim/Finish					Trim/Finish					Trim/Finish					Trim/Finish					Trim/Finish					Trim/Finish				
FHA		Crawl: <input type="checkbox"/> Insulated <input type="checkbox"/> Vapor Barrier <input type="checkbox"/> Secure												Attic: <input type="checkbox"/> Insulation <input type="checkbox"/> No Damage		<input type="checkbox"/> Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Water Pressure <input type="checkbox"/> FHA Railings													