

Residential Request for Information

Owner Name: _____

Property Address: _____

Daytime Phone Number: ____ - ____ - ____

Email Address: _____

EXTERIOR

1. Describe other buildings on the property:

	Include	Insulated	Heated
No carport / garage	<input type="checkbox"/>		
Attached garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detached garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Which of the following does the property have?

	Dimensions
<input type="checkbox"/> Covered deck	_____
<input type="checkbox"/> Enclosed deck / Sunroom	_____
<input type="checkbox"/> Solarium	_____

INTERIOR

3. Indicate number of plumbing fixtures:

Description	Main Floor #	Upper Floor #	Bsmt/Lower #
2pc bath (sink & toilet)			
3pc bath (sink, toilet, shower)			
4pc bath (sink, toilet, tub/shower combo)			
4pc bath (sink, toilet, tub, separate shower stall)			
5pc bath (double sink, toilet, tub, shower stall)			
Additional (ex: separate shower stall)			
Bar Sink			
Laundry Sink			
Kitchen Sink			

4. Indicate the number of bedrooms:

Description	Main Floor #	Upper Floor #	Bsmt/Lower #
Bedrooms			

5. Indicate the wall height in your home:

	Main	Upper	Bsmt/Lower
8'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Describe the flooring materials:

Flooring Type	% of Coverage
Carpet	
Linoleum	
Hardwood	
Ceramic Stone / Tile	
Laminate	
Other _____	
Total = 100%	

6. Which best describes the kitchen cabinets:

	Solid	Veneer
<input type="checkbox"/> Hardwood (eg Oak, Maple)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Veneer hardwood	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Melamine (white)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>

8. Which best describes the kitchen countertops:

Laminate / arborite or similar	<input type="checkbox"/>
Granite, marble, quartz, or similar	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

9. Indicate the type(s) of heating.

<input type="checkbox"/> Forced Air
<input type="checkbox"/> Hot Water
<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> In-Floor Heating
<input type="checkbox"/> Other _____

10. Does your home contain any of the following?

<input type="checkbox"/> Indoor hot tub
<input type="checkbox"/> Outdoor hot tub
<input type="checkbox"/> Secondary suite
<input type="checkbox"/> Separate entrance to basement
<input type="checkbox"/> Sauna
<input type="checkbox"/> Walk out basement
<input type="checkbox"/> Solar panels
<input type="checkbox"/> Other _____

11. Indicate the type and location of fireplaces / stoves:

	Main	Upper	Bsmt/Lower
Natural gas fireplace (built-in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood or pellet fireplace (built-in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric fireplace (built-in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freestanding or woodstove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Describe the basement development (total percent of area must = 100%):

Room	# of Rooms	% of Area	Flooring (eg. carpet/laminate)	Walls/Ceilings (eg. paneling/drywall)	Additional Comments
Bedrooms					
Office / den					
Theatre / media					
Kitchenette					
Storage					
Bathrooms					
Rec. room					
Furnace room					
Undeveloped					
3 rd Floor (4 level split only)					

RENOVATIONS / UPGRADES

13. For each category, if renovated, indicate the year renovated. Add comments for further clarification.

Category	Year Reno'd	% Reno'd	Additional Comments
Roof covering			
Soffits and eavestrough			
Exterior finish			
Exterior Doors			
Windows			
Kitchen cabinets			
Kitchen counters			
Bathrooms			
Electrical upgrades (ex: fixtures, panel/wiring)			
Plumbing upgrades			
Flooring			
Interior Doors			
Trim (ex: baseboards, window and door moulding)			
Interior finish (ex: drywall)			

14. What condition would you describe your home for its age? (Average condition is defined as maintained, with evidence of typical wear and tear for age. Any deferred maintenance can be quickly and cheaply resolved and is mostly cosmetic in nature)

- ☐ Above Average
☐ Average
☐ Below Average

Additional Comments:

15. Your comments:

16. All the information provided is true and accurate to the best of my knowledge.

Signature _____ Date _____