

Home Condition Assessment Checklist

Address

Date of Assessment

Assessor Name

General Condition

Area / Item	Condition (Good / Fair / Poor)	Notes
Exterior Walls	<input type="text"/>	<input type="text"/>
Roof	<input type="text"/>	<input type="text"/>
Windows & Doors	<input type="text"/>	<input type="text"/>
Floors	<input type="text"/>	<input type="text"/>
Walls & Ceilings	<input type="text"/>	<input type="text"/>

Utilities

System	Condition	Notes
Electrical	<input type="text"/>	<input type="text"/>
Plumbing	<input type="text"/>	<input type="text"/>
Heating / Cooling	<input type="text"/>	<input type="text"/>
Hot Water	<input type="text"/>	<input type="text"/>

Safety & Other

Item	Condition	Notes
Smoke Alarms		
Carbon Monoxide Detectors		
Fire Extinguishers		
Other Comments		