

PROPERTY ADDRESS:	<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
PREPARER:			DATE:	

**Estimated
Acquisition
Cost**

Market Value Repaired.....

Projected Selling Price.....

Suggested Purchase Price.....

Cash to Acquire.....

Estimated Closing Cost.....
(Including Taxes, Title Insurance, Survey and Legal Fees)

Renovation Expense (estimated).....

Carry Cost

- Utilities (Water, Electric, etc.)....
- Property Insurance & Taxes.....
- Pest Control.....
- Misc. (C of O, Advertising, etc.).....

TOTAL CASH TO ACQUIRE.....

PROPERTY ADDRESS:	STREET	CITY	STATE	ZIP
PREPARER:	DATE:			

Condition	Poor	Fair	Good	Comments	Estimated Cost of Repairs
1) Grounds					
a) Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Patio/Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d) Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e) _____ <small>(other)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2) Exterior					
a) Foundation <small>(cracks, separation, sealing)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Wood Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d) Siding <small>(indicate type)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e) Porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
f) Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
g) _____ <small>(other)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
h) _____ <small>(other)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3) Interior					
a) Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Carpeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Hardwood Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d) Walls and Ceilings <small>(cracks, signs of leakage)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e) Bedroom #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
f) Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
g) Bathroom #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<small>(1/2 Bath)</small>					
#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
h) Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
i) Family Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
j) Den	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
k) Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
l) Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

