

Your Dream Home Checklist

Project Name: _____ Date Visited: _____

Address: _____

Developer: _____ District: _____

Real Estate Agent: _____ Contact No.: _____

Home Advice Specialist: _____ Contact No.: _____

Property Price:
Price Per Square-foot (p.s.f.):

Conservancy Rates: _____

Included in Price:

- | | |
|--|--|
| <input type="checkbox"/> Floor Coverings | <input type="checkbox"/> Curtains/Blinds |
| <input type="checkbox"/> Oven/Stove | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Bathroom Fixtures | <input type="checkbox"/> Light Fittings |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Washing Machine |
| <input type="checkbox"/> Kitchen Cabinets | <input type="checkbox"/> Others: _____ |

Facilities

- | | |
|--|---|
| <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Gymnasium |
| <input type="checkbox"/> Clubhouse/Function Room | <input type="checkbox"/> Tennis/Squash Courts |
| <input type="checkbox"/> Barbeque Pits | <input type="checkbox"/> Parking Lots |
| <input type="checkbox"/> Others: _____ | |

Condition

	Good	Average	Poor
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Gutters and Downpipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Property:

Land/Built-in Area: _____

Property Type: Landed/Condominium/Others _____

Title: Freehold/999 yrs/99 yrs _____

TOP Date/Age of Property: _____

No. of Rooms: _____

Renovation done?: Yes No

If Yes, amount: \$ _____

When?: _____ years(s)

Where does the property face?

	North	
Northwest <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Northeast
West <input type="checkbox"/>		<input type="checkbox"/> East
Southwest <input type="checkbox"/>		<input type="checkbox"/> Southeast
	South	

The Neighbourhood

Street Traffic: Light Heavy No Through Road

<input type="checkbox"/> Bus-interchange	<input type="checkbox"/> Public Carparks
<input type="checkbox"/> MRT Station	<input type="checkbox"/> New Road Developments
<input type="checkbox"/> Day Care	<input type="checkbox"/> Shopping Malls
<input type="checkbox"/> Medical Facilities	<input type="checkbox"/> Parks/Sporting Facilities
<input type="checkbox"/> Schools	<input type="checkbox"/> Others: _____

Notes

Floor Plan Sketch

