

PROPERTY EVALUATOR

Property Address: _____ Agency: _____
 Suburb: _____ Salesperson: _____
 Asking Price: \$ _____ Phone: _____
 Mobile: _____

Apartment Town House Terrace Semi House Land

Positioning	<input type="checkbox"/> New		<input type="checkbox"/> Renovated		<input type="checkbox"/> Unrenovated		<input type="checkbox"/> Off the Plan		<input type="checkbox"/> Floor Level			
	<input type="checkbox"/> Main Road		<input type="checkbox"/> Quiet Street		<input type="checkbox"/> Cul-De-Sac							
	<input type="checkbox"/> LUG D / S		<input type="checkbox"/> Carport D / S		<input type="checkbox"/> Off Street D / S		<input type="checkbox"/> Security		<input type="checkbox"/> Under Building Park			
	Proximity to:		Shops				Transport				Other	
	(w:walk ; d:drive)		Schools				Parks				Other	

Notes: _____

External	Land Area:		Building Size:		Age:		Zoning:	
	Construction:	<input type="checkbox"/> Full Brick	<input type="checkbox"/> Veneer	<input type="checkbox"/> Timber	<input type="checkbox"/> Fibro	<input type="checkbox"/> Cladding	<input type="checkbox"/> Other	
	Roof:	<input type="checkbox"/> Tile	<input type="checkbox"/> Iron	<input type="checkbox"/> Fibro	<input type="checkbox"/> Other			

Notes: _____

Internal	Linings:	<input type="checkbox"/> Painted Brick	<input type="checkbox"/> Gyprock	<input type="checkbox"/> Render	<input type="checkbox"/> Other	
	Ceilings:	<input type="checkbox"/> Low	<input type="checkbox"/> High	<input type="checkbox"/> Exposed	<input type="checkbox"/> Gyprock <input type="checkbox"/> Other	
	Floors:	<input type="checkbox"/> Timber	<input type="checkbox"/> Concrete	<input type="checkbox"/> Carpet	<input type="checkbox"/> Floor Boards <input type="checkbox"/> Tiles	
	No of Bedrooms:		Double	<input type="checkbox"/> Ensuite	<input type="checkbox"/> Separate Toilet	<input type="checkbox"/> Built in Wardrobe
			Single	<input type="checkbox"/> Ensuite	<input type="checkbox"/> Separate Toilet	<input type="checkbox"/> Built in Wardrobe
	No of Bathrooms:		<input type="checkbox"/> Bath	<input type="checkbox"/> Spa	<input type="checkbox"/> Shower	<input type="checkbox"/> Separate Toilet
	Kitchen:		<input type="checkbox"/> Gas/Electric	<input type="checkbox"/> Open Plan	<input type="checkbox"/> Separate	
	Laundry:		<input type="checkbox"/> Internal	<input type="checkbox"/> External	<input type="checkbox"/> In / Off Kitchen	<input type="checkbox"/> In Bathroom

Gas Electric Water Sewer Septic Phone Cable

Notes: _____

Agents	Date it went on the market:					
	Previous Offers:	Date:	Offer:	Date:	Offer:	Date:
			\$		\$	
	Why is the property for sale?					
	Is it currently being rented?					
	Rental Income	\$	Body Corp Fees	\$	Other	
	Council Rates	\$	Management Fees	\$		

Insurance \$ Water Rates \$

Notes: _____