

Property Evaluation Checklist

Keep track of the properties you view by completing this checklist for each one.
 Compare each property to your *Needs and Desires Checklist* to evaluate how well it meets your rental and investment goals.

Property Details

Address _____ Asking Price _____

Nearest Intersection _____ Closest Major Intersection _____

Date Viewed _____ Number of Days on Market when viewed _____

Lot Size _____ Approximate Square Footage of House _____

Property Appearance Poor Fair Good Very Good Excellent

Housing Type Detached Semi-detached Attached Retail w Apartments

Property Type Single family with Basement Apartment

Multi-family dwelling Type _____

Single family dwelling with conversion potential

Current Number of Units _____

Number of 1 Bedroom Units _____ 2 Bedroom _____ 3 Bedroom _____ 4 Bedroom _____

Potential Number of Units _____

Number of 1 Bedroom Units _____ 2 Bedroom _____ 3 Bedroom _____ 4 Bedroom _____

Current Rental Income (Actual or Estimate) _____ Potential Rental Income _____

Property Elements

Exterior Brick Stucco Siding Other _____

Access Shared entry with separate doors Separate entry to each unit

Driveway Shared Private Alley None

Garage Single Double Triple None Other: _____

of Parking Spaces _____

Basement Finished Partially Finished Unfinished Apartment Apartment Potential

Heating / Cooling Forced Air Radiant Electric Central Air Conditioning

Renovation Needed Major Moderate Minor None

Estimated Amount to spend _____

Property Quality

Overall Current Quality of Property

Exterior	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Roof	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Windows	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Entryways	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Stairs	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Yard	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Quality of Adjacent Properties	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Quality of Street	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent

Rental Unit Features (Print and complete this page for each rental unit in property)



Floor _____ Unit Description _____
 Current Rent _____ Estimated Rent _____

	No	Yes	Qty.	Quality (1-10)	Comments
Interior					
Entryway	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Separate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Closet	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Built-in Shelving	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Family Room	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Open Concept	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Built-in Shelving	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Eat-in Space	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Island	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Combined with Kitchen/Living..	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
4-Piece	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
2-Piece	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Jet Bathtub	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Claw-foot Tub	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Separate Shower / Bathtub	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Double Sink	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Closet	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Walk-in closet	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Ensuite	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Office Space	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Guest Space	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
In Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Room shared with other units...	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Storage / Utility Space	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Exterior					
Front Yard Access	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Back Yard Access.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Patio / Deck	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Parking Spaces	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Neighbourhood



Name of Area _____

- Habitat Quality Poor Fair Good Very Good Excellent
- Industrial Area None Low Moderate High Very High
- Population density Crowded Average Sparse Secluded
- Traffic Levels Low Moderate High Very High

Social Access:

Distance /Time to Reach

Comments

- Junior School _____
- High School _____
- University/College..... _____
- Place of Worship _____
- Medical Offices _____
- Hospital _____
- Community Centre _____
- Athethlic Centre / Gym _____

Amenities:

- Commercial Access _____
- Malls _____
- Restaurants _____
- Groceries _____
- Retail Access _____
- Green Areas /Parks _____
- Biking / Walking Paths _____

Transportation:

- Access to Major Arteries _____
- Subway Access _____
- Bus/Streetcar Access _____
- Proximity to Owner's Residence _____

Notes:
