

**First Time Buyer - Viewing checklist**

List the 'must have' features of your new home, and list the 'could have' features of your new home. When viewing potential properties, note these in addition to the items on this list.

| Address                         | Property type | Price                           | Date and time viewed<br>(1 <sup>st</sup> viewing) | Date and time viewed<br>(2 <sup>nd</sup> viewing) |
|---------------------------------|---------------|---------------------------------|---|---|
|                                 |               |                                 |   |   |
| Estate agent and contact        |               |                                 |   |   |
| Vendor's name                   |               |                                 |   |   |
| <b>Exterior state of repair</b> |               | <b>Interior state of repair</b> |   |   |
| Paintwork                       |               | Kitchen                         |   |   |
| Brickwork/render etc            |               | Lounge                          |   |   |
| Roof                            |               | Dining room                     |   |   |
| Window frames                   |               | Bathroom                        |   |   |
| Drains/gutters                  |               | Bedroom 1                       |   |   |
| Front garden                    |               | Bedroom 2                       |   |   |
| Rear garden                     |               | Bedroom 3                       |   |   |
| Garage                          |               | Bedroom 4                       |   |   |
|                                 |               | Hall                            |   |   |
| <b>General</b>                  |               | <b>Location</b>                 |   |   |
| Gas                             |               | School                          |   |   |
| Electricity                     |               | Shops                           |   |   |
| Solid fuel                      |               | Public transport                |   |   |
| Car parking                     |               | Work                            |   |   |
|                                 |               | Noise                           |   |   |
|                                 |               | Neighbours                      |   |   |
|                                 |               |                                 |   |   |