

# Description of Home

Family: \_\_\_\_\_

Address: \_\_\_\_\_

date of home visit: \_\_\_\_\_

fire inspection date: \_\_\_\_\_

## House Information

How many levels? 1 2 3 4 5 6 Basement: yes/ no

Year house built: \_\_\_\_\_ When moved into home: \_\_\_\_\_

Ranch	Colonial	Traditional	Cape Cod	Bungalow	Apartment
Victorian	Tudor	Cabin	Farm House	3 level split	4 level split
Modern	5 level split		Other:		

<b>Main Level:</b>	Living R	K	Dining R	Family R	Great R	Laundry R	Sun R	Den
	Office		Bedrooms 1-2-3-4-5		Bathroom ½ - 1 - 1 ½ - 2 - 2 ½ - 3 - 3 ½	Library		Play room

<b>Upper level</b>	Bedrooms 1-2-3-4-5	Bathrooms ½ - 1 - 1 ½	Laundry room	Sun room	Office
<b>2<sup>nd</sup> Floor</b>		2 - 2 ½ - 3 3 ½ - 4		Play room	
<b>Other:</b>					

<b>3<sup>rd</sup> Floor</b>	Bedrooms 1-2-3-4-5	Bathrooms ½ - 1 - 1 ½ - 2 - 2 ½ - 3 - 3 ½ - 4	Laundry room	Office	Play room
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<b>Basement</b>	Fully Finished	How Many Rooms?	Room use	Play room
Yes No	Partially finished	1- - 3- 4- 5-	Storage	Utility room
Lower Level	Unfinished		½ bathroom	Exercise
			Full bathroom	Office
			2 <sup>nd</sup> kitchen	Bedroom

<b>Garage</b>	Attached	How many car garage:		
Yes No	Detached	1 - 1 ½ - 2 - 2 ½		
		3 - 3 ½ - 4 - 4 ½		

<b>Outside Description</b>	Yard size: acres: ¼ 1/3 ½ ¾	
	1 – 2 – 3 – 4- 5- acres	Surrounded by woods
Patio / deck	Surrounded by open fields	Wooded lot
Porch /	Back yard Private	Has large trees / small trees
Fenced yard locked gate?	Park-like setting	Low traffic
Handicapped Accessible	Nicely maintained	Busy street
	flowers	

City or Well Water      Water Test Date: \_\_\_\_\_ n/a

Playground Equipment? Yes No      In good repair yes no

Any safety Hazards: No Yes:	Pond Lake Above or In-ground Swimming Pool Hot Tub
	Other:

Precautions taken:

Close supervision	fence	locked gate	Locked cover
Alarm on doors	Alarm in pool		

Does any family member smoke? Yes No

Is smoking allowed in the house? Yes No

Are there pets in the home? Yes No If yes, List \_\_\_\_\_

Guns: Yes No where kept:

Gun safe	Locked closet	Locked gun case
Where kept:	Bedroom Garage	Basement Other

<b>HOME LOCATION:</b> (name of city/community ) (within or outside) city small town rural suburb of what city: _____
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Within Walking Distance or Short drive to any of the following?
<b>schools      playgrounds      parks      community pool      lake</b>
<b>restaurants      grocery stores      pharmacy      library      walking trail</b>
<b>Other:</b>