

Maxwell Appraisal Service

Home Inventory

Owner's Name: _____ Address: _____

Tax Id #: _____ Date: _____

Building Style: (Circle Answer) 01 Ranch 07 Mansion 13 Bungalow
02 Raised Ranch 08 Old Style 14 Chalet
03 Split Level 09 Cottage 15 Townhouse
04 Cape Cod 10 Row 16 A-Frame
05 Colonial 11 Log House 17 Munuf'd Housing
06 Contemporary 12 Duplex

Stories: (Circle Answer) 01 Story 1.5 Story 02 Story 2.5 Story Other: _____

Exterior Walls: (Circle Answer) 01 Wood 05 Concrete
02 Brick 06 Stucco
03 Aluminum/Vinyl 07 Stone

Year Built: _____

Number of Kitchens: _____ **Year Last Updated:** _____

Number of Bedrooms: _____

Number of Bathrooms: Full: _____ Half: _____ **Year Last Updated:** _____

Fireplace: (If yes, how many?) _____ (Permanent only)

Heat Type: (Circle Answer) 01 None 03 Hot Water
02 Hot Air 04 Electric

Fuel Type: (Circle Answer) 01 None 04 Oil
02 Gas 05 Wood
03 Electric 06 Solar

Central Air: (Circle Answer) Yes No

Insulation: (Circle Answer) 01 None 03 Wall
02 Attic 04 Attic and Wall

Basement Type: (Circle Answer) 01 Pier or Slab 03 Partial
02 Crawl space 04 Full

Overall condition of the house: (Circle only one)

Fair Average Good

Garage: (Circle Answer) Yes No

If Yes: Attached Detached Basement
One car Two cars Other: _____

Additional Comments:

