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HABITATIONAL QUESTIONNAIRE

NAME OF AGENT: _____

1. **PROPERTY NAME:** _____

2. **LOCATION:** Street Address: _____

Age: _____ Construction: _____ No. of Buildings: _____ No. of Stories: _____

No. of Owner Occ. Units: _____ No. Rental Units: _____ No. of Vacant Units: _____

Is there any Eifs or Dryvit exterior construction present?..... Yes No

3. **ATTACH A DIAGRAM OF THE PREMISES SHOWING THE DISTANCE BETWEEN BUILDINGS.**

4. **ATTACH A STATEMENT OF VALUES.**

5. **TYPE OF PROJECT:** Apartment Condominium Townhomes HOA Timeshare Student Housing
Housing Authority? Yes No

Any Subsidized Units:..... Yes No Number or Percent: _____

Average Monthly Rents: 1BR: _____ 2BR: _____ 3BR: _____ Other: _____

In a Stable Neighborhood? Yes No

6. **RENOVATION/MOST RECENT UPDATES:**

Roof: _____ Year: _____ Type of Shingles: Wood Asphalt Tile

Has Roof Been Completely Replaced? Yes No Date: _____

Plumbing: _____ Year: _____ Polybutylene Pipes: Yes No

Water Heaters: _____ Year: _____

Wiring: _____ Year: _____ Copper Aluminum

If Aluminum, Pigtailed? Yes No What percentage? _____%

A/C Heating: _____ Year: _____ Type (check one): Gas Electric

Gut Renovation: _____ Year: _____ Details: _____

7. Any Ongoing Renovations? Yes No

If Yes, Describe: _____

8. **OTHER RECREATIONAL FACILITIES:**

Is barbecue use allowed on the patio/balconies or within 20 feet of the building? Yes No

9. **FIRE PROTECTION:**

Sprinklered? None Fully Partial If Partial, describe the areas protected: _____

Smoke Detectors? Yes No Hardwired or Battery? _____

Fire Extinguishers? Yes No In each unit? Yes No In hallways? Yes No

Any Wood Stove or Fireplaces? Yes No

Is the Building in a Brush or Wooded Area? Yes No

10. **HAVE THERE BEEN ANY MOLD, HIDDEN DECAY, COLLAPSE OR WATER DAMAGE LOSSES? ...** Yes No

List Dates, Amounts and Corrective action taken: _____

Advise Of Any Claim Damages That Are Not Fully Repaired: _____

Have There been ANY Construction Defect Losses EVER? Yes No

If So, Describe: _____
