

TERMITE INSPECTION

Ordered _____
Company _____
Phone # _____
Inspection Date _____
Cost _____

Treatment Necessary? YES NO
If YES
Company to do treatment _____
Treatment performed _____
Cost of Treatment _____

HOME INSPECTION

Contingency Deadlines: Inspection _____ List of Deficiencies/Report to Seller _____
Company _____
Address _____
Phone # _____
Date of Inspection _____
Report Received _____
Report Reviewed _____
List of Deficiencies/
Report Sent to Seller _____
Response _____
Response _____
Response _____

Lender Good Faith Estimate of Closing Costs Received _____

Hazard Insurance Arranged _____
Company _____
Provided to lender _____

LOAN APPROVED
Terms: Rate _____
Fixed? Yes/No
ARM Terms _____
Points _____

Walk-Through
Date _____
Time _____

Settlement
Date _____
Time _____
Location _____

RENT BACK
Agreement Signed _____
Rent Back Through _____
Rent Back Per Diem Buyer's PITI + HOA/Condo _____ Per diem \$ _____
Security Deposit \$ _____ Held By _____