



OLDER HOME QUESTIONNAIRE

HEATING SYSTEM

- Year Updated _____
- Does dwelling have central heat? _____
Type: Electric _____ Gas _____ Oil _____ Other _____
Where is the Oil Tank stored? _____
 - Has system been upgraded in the past 20 years? _____
Complete _____ Partial _____ Date Work Completed _____
Extent of work done _____
Work completed by: Licensed Contractor _____ Other _____
 - Age of furnace _____ Date last serviced _____
 - Supplemental heat source used? _____ Type? _____

ELECTRICAL SYSTEM

- Year Updated _____
- Has system been upgraded in the past 20 years? _____
Complete _____ Partial _____ Date Work Completed _____
Extent of work done _____
Work completed by: Licensed Electrician _____ Other _____
 - Service 60 amp _____ 100 amp _____ 150 amp _____ 200 amp _____
 - Type of electrical system protection? Circuit Breakers _____ Fuses _____
 - Type of wiring? Knob & Tube _____ Aluminum _____ Romex _____ Other _____

PLUMBING & FIXTURES

- Year Updated _____
- Has system been upgraded in the past 20 years? _____
Complete _____ Partial _____ Date Work Completed _____
Extent of work done _____
Work completed by: Licensed Plumber _____ Other _____
 - Type of pipes: Copper _____ Galvanized _____ Plastic _____ Polybutelene _____ Mixed _____

ROOF COVERING

- Year Updated _____
- Age _____ 2. Condition: _____
 - Type: Asphalt _____ Wood Shingles _____ Other _____

REMARKS (Also indicated any repairs or improvements planned in the near future)

Certification: Your signature below certifies that to the best of your knowledge, this form has been accurately completed.

Date completed: _____ Agent signature: _____