

# GoodNight

HOME WHEREVER YOU GO

## PROPERTY PRE-ONBOARDING EVALUATION

1. Property Address \_\_\_\_\_
2. Owner Name \_\_\_\_\_
3. Sales Agent \_\_\_\_\_
5. Inspection Date \_\_\_\_\_ Inspection Time \_\_\_\_\_

6. Complete the onboarding section below and return it to the Director of Operations within 5 days of PMA signature (preferably before).
7. Please mark if home is in "good contion" or "other." Please use your "GNS Standard Guide" as reference for "other".
8. **This form is not a repair request.** Please be as specific as possible in the "other & comments" section & list any defects.
9. Director of Operations will determine if this property is given the approval to move forward with onboarding. **If you fail to return this form, GNS will not**
10. **move forward with onboarding until completed & given the permission to move forward by the Director of Operations.**

### EXTERIOR ITEMS

### CURRENT CONDITION

### COMMENTS

- |   |                               |                                      |   |
|---|-------------------------------|--------------------------------------|---|
| 11. Fences & Gates                      | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____   |
| 12. Lawn (Trees / Shrubs / Landscaping) | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____   |
| 13. Paint                               | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____   |
| 14. Front Door - Door Knob and Locks    | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____   |
| 15. Back Door - Door Knob and Locks     | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____   |
| 16. Fountain                            | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____   |
| 17. Grill                               | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____   |
| 18. Swimming Pool                       | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____   |
| 19. Hot tub / Spa                       | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____   |
| 20. Other _____                         | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____   |
| 21. Water Shut-Off Valve Located?       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No          | Breaker Panel Located? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Comments: _____                     |                               |                                      | _____   |
| 23. _____                               |                               |                                      | _____   |

### GARAGE / CARPORT

### CURRENT CONDITION

### COMMENTS

- |                                 |                               |                                      |       |
|---------------------------------|-------------------------------|--------------------------------------|-------|
| 24. Ceilings, Walls, Baseboards | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 25. Floor / Driveway            | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 26. Auto Door Opener            | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 27. Remotes                     | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 28. Garage Door                 | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 29. Plugs & Switches            | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 30. Other _____                 | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 31. Comments: _____             |                               |                                      | _____ |
| 32. _____                       |                               |                                      | _____ |

### ENTRY & HALL

### CURRENT CONDITION

### COMMENTS

- |  |                               |                                      |       |
|--|-------------------------------|--------------------------------------|-------|
| 33. Ceilings, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 34. Doors (Close properly / Condition)               | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 35. Flooring   | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 36. Stairwell / Handrails                            | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 37. Light Fixtures                                   | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 38. Closet Shelves & Rods                            | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 39. Other _____                                      | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 40. Comments: _____                                  |                               |                                      | _____ |
| 41. _____  |                               |                                      | _____ |

### LIVING ROOM

### CURRENT CONDITION

### COMMENTS

- |  |                               |                                      |       |
|--|-------------------------------|--------------------------------------|-------|
| 42. Ceilings, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 43. Fireplace  | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 44. Doors (Close properly / Condition)               | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 45. Floors (Note burns, tears, and stains)           | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 46. Lights & Ceiling Fans                            | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 47. Windows & Screens                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 48. Window coverings                                 | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 49. Plugs & Switches                                 | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 50. Other _____                                      | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 51. Comments: _____                                  |                               |                                      | _____ |
| 52. _____  |                               |                                      | _____ |

KITCHEN		CURRENT CONDITION		COMMENTS
53.	Ceilings, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
54.	Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
55.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
56.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
57.	Cabinets (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
58.	Drawers (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
59.	Countertops	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
60.	Sink & Faucet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
61.	Disposal	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
62.	Dishwasher	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
63.	Microwave	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
64.	Refrigerator	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
65.	Stove	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
66.	Fan, filter & hood	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
67.	Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
68.	Comments: _____			_____
69.				_____

DINING ROOM		CURRENT CONDITION		COMMENTS
70.	Ceilings, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
71.	Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
72.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
73.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
74.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
75.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
76.	Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
77.	Comments: _____			_____
78.				_____

PRIMARY BEDROOM		CURRENT CONDITION		COMMENTS
79.	Ceilings, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
80.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
81.	Floors (Note burns, tears, and stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
82.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
83.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
84.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
85.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
86.	Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
87.	Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
88.	Comments: _____			_____
89.				_____

BEDROOM #2		CURRENT CONDITION		COMMENTS
90.	Ceilings, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
91.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
92.	Floors (Note burns, tears, and stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
93.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
94.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
95.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
96.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
97.	Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
98.	Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
99.	Comments: _____			_____
100.				_____

BEDROOM #3		CURRENT CONDITION		COMMENTS
101.	Ceilings, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
102.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
103.	Floors (Note burns, tears, and stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
104.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
105.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
106.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
107.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
108.	Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
109.	Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____

110. Comments: \_\_\_\_\_  
 111. \_\_\_\_\_

<b>BEDROOM #4 / DEN / LOFT</b>		<b>CURRENT CONDITION</b>		<b>COMMENTS</b>
112.	Ceilings, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
113.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
114.	Floors (Note burns, tears, and stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
115.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
116.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
117.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
118.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
119.	Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
120.	Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
121.	Comments: _____			
122.				

<b>BATHROOM (PRIMARY)</b>		<b>CURRENT CONDITION</b>		<b>COMMENTS</b>
123.	Ceilings, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
124.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
125.	Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
126.	Light Fixtures	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
127.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
128.	Cabinets (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
129.	Countertops	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
130.	Sinks & Facuets	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
131.	Soap dishes, towel bars, shower rod,	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
132.	paper holders secure	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
133.	Mirrors	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
134.	Medicine Cabinet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
135.	Tub / Shower & Faucets	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
136.	Toilet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
137.	Plumbing working properly	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
138.	Linen Closet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
139.	Fan	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
140.	Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
141.	Comments: _____			
142.				

<b>BATHROOM #2</b>		<b>CURRENT CONDITION</b>		<b>COMMENTS</b>
143.	Ceilings, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
144.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
145.	Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
146.	Light Fixtures	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
147.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
148.	Cabinets (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
149.	Countertops	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
150.	Sinks & Facuets	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
151.	Soap dishes, towel bars, shower rod	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
152.	Tub / Shower & Faucets	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
153.	Toilet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
154.	Plumbing working properly	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
155.	Fan	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
156.	Other _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
157.	Comments: _____			
158.				

<b>BATHROOM #3</b>		<b>CURRENT CONDITION</b>		<b>COMMENTS</b>
159.	Ceilings, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
160.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
161.	Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
162.	Light Fixtures	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
163.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
164.	Cabinets (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
165.	Countertops	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
166.	Sinks & Facuets	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
167.	Soap dishes, towel bars, shower rod	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
168.	Tub / Shower & Faucets	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
169.	Toilet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____

170.	Plumbing working properly	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
171.	Fan	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
172.	Other _____	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
173.	Comments: _____						
174.							

**UTILITY / LAUNDRY ROOM**

**CURRENT CONDITION**

**COMMENTS**

175.	Fan	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
176.	Cabinets (Close properly / Condition)	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
177.	Sink	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
178.	Washer	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
179.	Dryer	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
180.	Washer / Dryer Hookups	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
181.	Dryer Vent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
182.	Flooring (Note burns, tears, stains)	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
183.	Doors (Close properly / Condition)	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
184.	Switches	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
185.	Other _____	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
186.	Comments: _____						
187.							

**ADDITIONAL ROOM**

Room Name: \_\_\_\_\_

**CURRENT CONDITION**

**COMMENTS**

188.							
189.	Fan	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
190.	Cabinets (Close properly / Condition)	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
191.	Sink	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
192.	Washer	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
193.	Dryer	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
194.	Washer / Dryer Hookups	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
195.	Dryer Vent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
196.	Flooring (Note burns, tears, stains)	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
197.	Doors (Close properly / Condition)	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____

**OTHER**

**CURRENT CONDITION**

**COMMENTS**

198.	Heating	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
199.	A/C	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
200.	Swamp Cooler	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
201.	Filters _____ Size: _____	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
202.	Fire Sprinklers	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
203.	Security Alarm	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
204.	Smoke Detector(s)	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
205.	Carbon Monoxide Detector	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
206.	_____	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
207.	_____	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
208.	Other _____	<input type="checkbox"/>	Good	<input type="checkbox"/>	Other	_____	_____
209.	Comments: _____						
210.							

**GENERAL COMMENTS / SUGGESTIONS**

211. \_\_\_\_\_

212. \_\_\_\_\_

213. \_\_\_\_\_

214. \_\_\_\_\_

215. \_\_\_\_\_

216. \_\_\_\_\_

217. \_\_\_\_\_

218. \_\_\_\_\_

- 219. Sales agent agrees during this inspection to also supply a "walk through video" to be submitted to the Director of Operations & shared to the onboarding team.
- 220. Sales agent agrees in order to move forward successfully, the GNS Standard Guide and this fill out form must be reviewed and filled out to the best of knowledge.
- 221. **SALES AGENT AGREES - if the property is "denied by the Director of Operations" - & if sales agent still wishes to pursue, the sales agent is responsible for**
- 222. **coordination of vendors/repairs to the property and will not be facilitated by the GNS team - including OSM's, field staff, or GNS cleaners.**
- 223. Sales agent agrees and understands the GNS "Brand" and believes the properties coming on comply with the GNS Standard Guide.