

# DETERMINING YOUR GOALS

To better help me understand your timeline and goals please complete the following information.

1. Where are you currently living? \_\_\_\_\_
2. How long have you lived there? \_\_\_\_\_
3. Do you rent or own your current home?  Rent  Own
  - a. If you have a lease, when does it expire? \_\_\_\_\_ (mm/dd/yyyy)
  - b. Do you need to sell your current home to purchase another?  Yes  No
4. Have you met with a lender yet? If yes, who? \_\_\_\_\_
5. Did they give you a pre-approval letter?  Yes  No
6. Who will be involved in the loan process? \_\_\_\_\_
7. Are you relying on additional sources of funds? \_\_\_\_\_
7. What price range have you been considering? low \$ \_\_\_\_\_ to high \$ \_\_\_\_\_
8. How long have you been looking for a home? \_\_\_\_\_
9. Have you seen any homes that you like?  Yes  No
10. What is your timeframe for making a move? \_\_\_\_\_
11. Where do you prefer to live? \_\_\_\_\_
12. Do you have specific neighborhoods in mind? \_\_\_\_\_
13. Do you have a specific style of property in mind?  Yes  No
14. When are the best days or times for you to view properties? \_\_\_\_\_
15. How do you want to receive communication?  Text  Email  Phone
16. How frequently do you want to hear from me?  Daily  Weekly  As Needed

# WANTS AND NEEDS ANALYSIS

What items do you need in your next home and what items would you like to have?

Item Description	Want	Need
Bedrooms		
Baths		
Square Footage		
Extra Room		
Age		
Heat Source		
Style		
Lot Size		
Garage		
Price		
Community		
School District		
Other		
Other		
Other		
Other		

# LIFESTYLE AND COMMUNITY

Please list your desired proximity to the following locations.

Item Description	Miles	Minutes
Work Commute		
Public Transit		
Major Airport		
Major Freeway		
Grocery Store(s)		
School District(s)		
Family and Friends		
Shopping Center		
Parks and Recreation		
Restaurants		
Downtown		
Other		
Other		
Other		
Other		
Other		

# HOME SEARCH CRITERIA

To better help me know your preferences for your new home, please complete the following information.

## Top Priorities

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Things that would be nice to have if available

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Available Down Payment \$ \_\_\_\_\_

Comfortable Monthly Payment Range \$ \_\_\_\_\_

Price Range (\$) \_\_\_\_\_

No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Lot Size \_\_\_\_\_ Garage/Parking \_\_\_\_\_ Other \_\_\_\_\_

Moving Time Frame  1-3 months  3-6 months  6 months+ Ideal Closing Date: \_\_\_\_\_

Preferred School(s)/District(s) \_\_\_\_\_

Other Criteria \_\_\_\_\_

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