

Home Buyer QUESTIONNAIRE



Buyer 1

Buyer 2

CONTACT INFO

FIRST NAME: _____

LAST NAME: _____

PHONE: _____

EMAIL: _____

CONTACT INFO

FIRST NAME: _____

LAST NAME: _____

PHONE: _____


EMAIL: _____

HOME FEATURES


 BEDROOMS: _____  BATHROOMS: _____  SQ FT: _____


DESIRED FEATURES: _____  MUST HAVE FEATURES: _____

HOME REQUIREMENTS

STYLE: _____  DESIRED NEIGHBORHOOD: _____

FINANCIAL INFORMATION

 PRICE RANGE: _____

 DESIRED MOVE IN DATE: _____ ARE YOU PRE-APPROVED: YES NO

FIRST TIME HOME BUYER: YES NO

DO YOU NEED TO SELL A HOME: YES NO

JENNIFER LANDON

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HOUSE HUNTING

Wishlist



FEATURES	MUST HAVE	HIGHLY DESIRED	DESIRED
Cul-de-sac street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck or patio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open floor plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Updated bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Updated kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newer appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat-in kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
View	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate dining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single StoryTwo story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk-in closet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate shower/tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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