

Date: _____

BUYER APPOINTMENT FORM & QUESTIONNAIRE

Client's Info:

Name: _____ Mobile: _____

Partner's Name: _____ Mobile: _____

Home Phone: _____ Work Phone: _____ Other Contact: _____

E-Mail: _____ Partner's E-Mail: _____

Preferred Method & Point of Contact: _____

Mailing Address: _____

Source: _____

Financial & Timing:

Are you a 1st time buyer? _____

Are you: *Renting *Lease ends _____ *Relocating *Live with Relative

If Own: Do you have a house to sell? *Yes *No Do you need to sell to buy? *Yes No

What is your comfort zone with a monthly payment? _____ Absolute Max: _____

What is your comfort zone with a price range? _____

What is most important to you? *To have a lower purchase price *To have a low monthly payment

Are you planning on putting down a down payment? 0% 3.5% 5% 10% 20% \$ _____

How much TOTAL cash are you comfortable using towards the purchase? _____

When would you have access to these funds? _____

Have you met with a lender yet? *Yes (Who?) _____ *No

Motivation/Time Frame:

When would you ideally like to be in your new home? _____

If we found the absolute perfect home for you in the next thirty days would that pose a problem for you? Y N

Is there anyone else involved in your buying decision? *Yes *No

Lifestyle:

Who will be living in the home you purchase? _____

Do you have any pets? N Y *What kind? _____ What are their names? _____

Any Special Furniture or Equipment? _____

Location:

Tell me about your ideal location: _____

What is your maximum commute time/distance? _____

What is your work address? _____

Partner's Work Address: _____

Are schools important? _____

House Criteria:

What Type of home are you looking for:

*Single family *Townhome *Twin/Row home *Condo/Flat

How much overall space are you looking in a home? (minimum)

Bedrooms: _____ Full baths: _____ Total baths _____ Overall SqFootage _____

Do you have a preference for when the house was built? _____

Do you want a home in move-in condition or are you willing to do some work?

___Major (kitchen and bathroom renovations, tear down walls, additions and alterations)

___Minor (carpet, paint)

Do you have any preferences when it comes to HOA? Condo Association? _____

What style of homes do you prefer or dislike:

*Cape *Bi-level/split-level *Victorian *Ranch *Colonial *Traditional
*Stone *Brick *Wood *Vinyl *Hardy Plank *Stucco

Floor Plan:

*Closed floor plan *Open floor plan

What are your preferences for the master bedroom? (master suite, first floor master, second floor/same level as others, walk-in closet, dual closets) _____

What are your preferences for the bathroom(s)? (stall shower, bathtub, soaking tub, jetted tub, dual sink vanity)

What are your likes and dislikes for the kitchen? (color cabinets, island, open to family room, gas cooking)

Is a formal dining room important to you? _____

Do you want a fireplace? What type? ___not a must ___would be nice ___absolutely

What other rooms do you need or want? (office, basement) _____

What are you looking for in terms of a garage? _____

What size and style of a lot do you prefer: Size: *Less than _____ acre(s) *More than _____ acre(s)

Style: *Low maintenance *Level lot *Private/Secluded *Wooded/cleared *Pond/Water view

Do you have a preference when it comes to public water/sewer vs. on site well/septic? _____

What are your thoughts on a pool? _____Would love one! _____Doesn't matter either way _____Absolutely not

What is your favorite room in a house/What do you like to do at home:

*Kitchen/cooking/entertaining *Family room/relaxing *Master *Back Deck/Screened in Porch
*Finished Basement/Man cave *Outdoors/hunting/fishing/gardening/pets/farm animals

Why: _____

Summary:

What are the top five things your home **needs** to have?

What are your absolute **must-haves (or must not-haves)**? These are things that I will ONLY send you homes if they do or do not have these things. (Air conditioning, garage, in a neighborhood, not on a busy street, HOA/no HOA, outdoor living space-deck/patio, off street parking, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

What about things you would PREFER to have, but not an absolute deal breaker?

1. _____
2. _____
3. _____
4. _____
5. _____

Now that we have discussed what you are looking for, is there anything else that comes to mind that you think will be important for your home purchase to be a great experience? _____

**What days/times work best for your schedule for showings? _____

Do you have any additional questions or concerns that I have left unanswered?

Experience:

Have you purchased a home before? *Yes *No

If so, tell me about you past home buying experience: _____

How long did the process take last time you purchase? _____

Was there anything that your previous realtor did or did not do that you would like me to make sure I do or not do? _____

Notes & Action Items for Showing Specialist on BACK OF PAPER (if any)