



Buyer Questionnaire

Referral: Yes No Referral source: _____

Date: _____ Name: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Fax: _____

Email: _____

Best time to contact you: _____

Present address: _____

City/State/Zip: _____

Own or Rent? _____ If you own, must you sell your home first? _____

Relocating? Yes No If so, where? _____

Desired Location: _____

Timeframe: _____

Price Range: _____

Specific Needs/Wants

Bedrooms: 1 2 3 4 5+

Bathrooms: 1 2 3 4+

Living Rooms: 1 2 3

Garage: 1 2 3+

Levels: 1 2 3

Commute/Travel Time: _____

Square ft.: _____

Other: _____

Lifestyle you are seeking: _____

How can I help you achieve this lifestyle/goals: _____

What are some triggers/features about your current home that you are seeking in the new home? _____

Pool: Yes No **Spa:** Yes No **Heated Floors:** Yes No **Boat Dock:** Yes No

Construction: Brick Stone Frame Block Other

Acreage: Yes No If so, size? _____

Central Air: Yes No **Irrigation System:** Yes No

Specific features (fireplace, security/alarm, central vac, etc.): _____

Specific additions: _____

School district preferred: _____



Buyer Questionnaire

Financing Method: Mortgage Cash Other:

Do you need a lender? Yes No If No, who is your current lender (pre-approval letter)? _____

Monthly payment range: _____ Down payment: _____

How soon do you need to be in the home? _____

Which agent are you working with? _____

Buyer Consultation:

Date: _____

Time: _____

Signature: _____

Signature: _____