

A hand holding a small, grey, two-story house model. The house has a gabled roof with grey tiles, a white chimney, and a small balcony with a white railing. The hand is holding the house from the bottom. A set of keys is attached to the hand. In the background, there is a pen and a clipboard with a document. The text "HOME BUYING" is in a bold, black, serif font, and "Planner" is in a black, cursive script font.

HOME BUYING *Planner*

DREAM HOME WISHLIST

Need it

1	_____
2	_____
3	_____
4	_____
5	_____

6	_____
7	_____
8	_____
9	_____
10	_____

Want it

1	_____
2	_____
3	_____
4	_____
5	_____

6	_____
7	_____
8	_____
9	_____
10	_____

Can't live without it

1	_____
2	_____
3	_____
4	_____
5	_____

6	_____
7	_____
8	_____
9	_____
10	_____

HOME CHECKLIST

- ☐ RESEARCH THE MARKET
- ☐ CHOSE CREDIT SCORE
- ☐ SET BUDGET
- ☐ WANTS & NEEDS LIST
- ☐ SAVE FOR DOWN PAYMENTS
- ☐ CHOOSE REAL ESTATE AGENT
- ☐ CHOOSE MORTGAGE TYPE
- ☐ CHOOSE MORTGAGE COMPANY
- ☐ ORGANIZE NEEDED DOCUMENTS
- ☐ GET PRE - APPROVED
- ☐ RESEARCH THE AREA
- ☐ GO TO OPEN HOUSES
- ☐ FILL OUT SCORE CARDS
- ☐ MAKE AN OFFER
- ☐ SCHEDULE APPRAISAL AND INSPECTION
- ☐ FINAL WALK THROUGH
- ☐ CLOSE ON HOUSE

QUICK GUIDE

[illegible]

HOUSE HUNTING LIST

CONTACT LIST

CLOSING ATTORNEY

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

MORTGAGE BROKER/ COMPANY

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

INSPECTION COMPANY

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

HOME APPRAISER

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

CONTACT LIST

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	

MONTHLY PLANNER

MONTH: _____

YEAR: _____

[illegible]

IMPORTANT REMAINDERS:

WEEKLY PLANNER

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

WEEKLY TOP TARGETS

1

2

3

TO DO LIST

NOTES

DAILY PLANNER

M	T	W	T	F	S	S
---	---	---	---	---	---	---

MORNING PLAN	AFTERNOON PLAN	EVENING PLAN
<div><div></div>7:00</div>	<div><div></div>1:00</div>	<div><div></div>7:00</div>
<div><div></div>8:00</div>	<div><div></div>2:00</div>	<div><div></div>8:00</div>
<div><div></div>9:00</div>	<div><div></div>3:00</div>	<div><div></div>9:00</div>
<div><div></div>10:00</div>	<div><div></div>4:00</div>	<div><div></div>10:00</div>
<div><div></div>11:00</div>	<div><div></div>5:00</div>	<div><div></div>11:00</div>
<div><div></div>12:00</div>	<div><div></div>6:00</div>	<div><div></div>12:00</div>

TO DO LIST

[illegible]

TO REMEMBER

NOTES

GOAL PLANNER

GOAL: _____

START DATE: _____ END DATE: _____

REWARD: _____

ACTION STEPS:	NOTES:
<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	

PROGRESS TRACKER:

10%	20%	30%	40%	50%	10%	20%	30%	40%	50%
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

GOAL: _____

START DATE: _____ END DATE: _____

REWARD: _____

ACTION STEPS:	NOTES:
<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	

PROGRESS TRACKER:

10%	20%	30%	40%	50%	10%	20%	30%	40%	50%
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

PROJECT PLANNER

GOAL: _____

START DATE: _____ DEADLINE: _____

DESCRIPTION/OBJECTIVES

BRAINSTORM: IDEAS/MOODBOARD

TOOLS:




1. _____







2. _____

3. _____

4. _____

5. _____

MILESTONES:	PROGRESS:	DEADLINE:
_____	10% 20% 40% 60% 80% 100%	_____ 
_____	10% 20% 40% 60% 80% 100%	_____ 
_____	10% 20% 40% 60% 80% 100%	_____ 

TASKS	PRIORITY	DEADLINE	
1.			
2.			
3.			
4.			
5.			
6.			

HOUSE STATS

ADDRESS: _____ LIST PRICE: _____

OPEN HOUSE DATES:

1. _____
2. _____
3. _____

FACTS & FEATURES:

SQFT: _____	COOLING: _____
TYPE: _____	PARKING: _____
YR BUILT: _____	LOT: _____
HEATING: _____	PRICE PER SQFT: _____

NOTES

HOUSE STATS

ADDRESS: _____ LIST PRICE: _____

INTERIOR DETAILS:

BEDROOMS & BATHROOMS:	HEATING EQUIPMENT:	COOLING EQUIPMENT:
NUMBER OF BEDROOMS: <input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER OF BATHROOMS: <input type="text"/>	<input type="text"/>	<input type="text"/>
FULL BATHROOMS: <input type="text"/>	<input type="text"/>	<input type="text"/>
3/4 BATHROOMS: <input type="text"/>	<input type="text"/>	<input type="text"/>
1/2 BATHROOMS: <input type="text"/>	<input type="text"/>	<input type="text"/>
1/4 BATHROOMS: <input type="text"/>	<input type="text"/>	<input type="text"/>

FLOORING:

KITCHEN: _____

BATHROOMS: _____

BEDROOMS: _____

LIVING AREAS: _____

BASEMENT: _____

APPLIANCES:

NOTES

HOUSE STATS

ADDRESS: _____ LIST PRICE: _____

CONSTRUCTION DETAILS: TYPE & STYLE(CIRCLE ONE)

SINGLE FAMILY: ☐

☐ APPARTMENT BUILDING

MULTI FAMILY: ☐

☐ TOWNHOME

MANUFACTURED: ☐

☐ CONDOMINIUM

MATERIAL INFO:

ROOF _____

CONDITION:

NEW CONSTRUCTION: ☐ YES ☐ NO

YEAR BUILT: _____

NOTES

HOUSE STATS

ADDRESS: _____ LIST PRICE: _____

PROPERTY DETAILS

PARKING

PARKING FEATURES: _____

GARAGE SPACES: _____

PROPERTY

EXTERIOR FEATURES: _____

LOT

SIZE: _____

NOTES

THINGS TO CONSIDER

ADDRESS: _____

LIST PRICE: _____

LOCATION

EASY ACCESS TO HIGHWAY: ☐ YES ☐ NO

EASY ACCESS TO SHOPS: ☐ YES ☐ NO

NEAREST HOSPITAL: _____

COMMUTE TO WORK: _____

SCHOOL: _____

FEES

HOA: _____

CDD: _____

DOWNPAYMENT: _____

OTHER: _____

OTHER: _____

OTHER: _____

NOTES

HOUSE SCORECARD

ADDRESS: _____ LIST PRICE: _____

OVERALL IMPRESSION

(CIRCLE ONE)



OVERALL CONDITION

(CIRCLE ONE)



BRAND
NEW



MOVE IN
READY



NEEDS
WORK



TOTAL
REHAB

SCORES

LIGHTING:	1	2	3	4	5	6	7	8	9	10
STYLE:	1	2	3	4	5	6	7	8	9	10
CONDITION:	1	2	3	4	5	6	7	8	9	10
YARD:	1	2	3	4	5	6	7	8	9	10
NEIGHBORHOOD:	1	2	3	4	5	6	7	8	9	10
SCHOOL SYSTEM:	1	2	3	4	5	6	7	8	9	10
AMENITIES:	1	2	3	4	5	6	7	8	9	10
COMMUTE:	1	2	3	4	5	6	7	8	9	10
LOCATION:	1	2	3	4	5	6	7	8	9	10
SIZE:	1	2	3	4	5	6	7	8	9	10

TOTAL:

=

THE BREAKER

PROS

CONS

HOUSE SCORECARD

NOTES

Entryway/ Mudroom

Kitchen

Dining area

Living area

Bedrooms

Bathrooms

Closets

Attic/Basement

Garage/Car Port

Front Yard & Porch

Back Yard & Porch

Bonus Room (s)

Others

WORKSHEET

HOME ADDRESS: _____ LIST PRICE: _____

#BEDS: _____ #BATHS: _____ SQ FT: _____

SAFETY: _____

COMMUTE: _____

FREEWAY ACCESS: _____

BIKE PATHS: _____

SHOPPING: _____

SCHOOL DISTRICT: _____

HOSPITAL: _____

MARKET: _____

OTHERS: _____

EVALUATION SHEET

BASEMENT

TYPE: ☐ FINISHED ☐ UNFINISHED: ☐ PARTIALLY FINISHED

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
LAYOUT	1	2	3	4	5	
SIZE	1	2	3	4	5	
FLOORING	1	2	3	4	5	
SEILING HEIGHT	1	2	3	4	5	
CLEANLINESS	1	2	3	4	5	
DRYNESS	1	2	3	4	5	
FOUNDATION	1	2	3	4	5	
WALLS	1	2	3	4	5	
ODOR	1	2	3	4	5	
OTHERS:	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	

NOTES

EVALUATION SHEET

LIVING ROOM

NO. OF WINDOWS _____

CEILING FAN: ☐ YES ☐ NO

OVERHEAD LIGHTING: ☐ YES ☐ NO

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
LAYOUT	1	2	3	4	5	
SIZE	1	2	3	4	5	
FLOORING	1	2	3	4	5	
SEILING HEIGHT	1	2	3	4	5	
OTHERS:	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	

NOTES

EVALUATION SHEET

BEDROOM

NO. OF WINDOWS _____

CEILING FAN: ☐ YES ☐ NO

OVERHEAD LIGHTING: ☐ YES ☐ NO

ENSUITE BATHROOM: ☐ YES ☐ NO

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
LAYOUT	1	2	3	4	5	
SIZE	1	2	3	4	5	
FLOORING	1	2	3	4	5	
SEILING HEIGHT	1	2	3	4	5	
OTHERS:	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	

NOTES

EVALUATION SHEET

KITCHEN

NO. OF WINDOWS _____

CEILING FAN: ☐ YES ☐ NO

OVERHEAD LIGHTING: ☐ YES ☐ NO

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
LAYOUT	1	2	3	4	5	
SIZE	1	2	3	4	5	
FLOORING	1	2	3	4	5	
SEILING HEIGHT	1	2	3	4	5	
OTHERS:	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	

NOTES

EVALUATION SHEET

BATHROOM

TYPE:



FULL



3/4



1/2

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
VANITY	1	2	3	4	5	
FIXTURES	1	2	3	4	5	
SHOWER/TUBE	1	2	3	4	5	
TOILET	1	2	3	4	5	
FLOORING	1	2	3	4	5	
FLOW/LAYOUT	1	2	3	4	5	
OTHERS:	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	

NOTES

EVALUATION SHEET

SCHOOL DISTRICT



ELEMENTARY



MIDDLE SCHOOL



HIGH SCHOOL

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
SCHOOL SYSTEM	1	2	3	4	5	
OTHERS	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	

DESCRIPTION / OBJECTIVE

NOTES

EVALUATION SHEET

NEIGHBORHOOD

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
LOCATION	1	2	3	4	5	
NEIGHBORING PROPERTIES	1	2	3	4	5	
NOISE LEVELS	1	2	3	4	5	
SAFETY/SECURITY	1	2	3	4	5	
AREA TRAFFIC	1	2	3	4	5	
AMENITIES	1	2	3	4	5	
OTHERS	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	

PROXIMITY TO

WORK		HOSPITAL	
SCHOOL		HIGHWAYS	
SHOPPING		AIRPORT	
FAMILY/FRIENDS		POLICE	
HOUSE OF WORSHIP		FIRE DEPT	
RESTAURANTS			
PUBLIC TRANSPORT			

NOTES

EVALUATION SHEET

MONTHLY UTILITY COSTS

NATURAL GAS/ PROPANE:

ELECTRICITY:

FUEL OIL:

WATER:

SEWER:

GARBAGE:

OTHERS:

TOTALS:

DESCRIPTION / OBJECTIVE

NOTES

EVALUATION SHEET

FINANCIALS

ESTIMATED MONTHLY MORTGAGE:

ESTIMATED MONTHLY PROPERTY TAXES:

ESTIMATED MONTHLY INSURANCE:

ESTIMATED PMI/MORTGAGE INSURANCE:

ESTIMATED HOA FEES:

ESTIMATED UTILITIES:

TOTAL MONTHLY COSTS:

ONE TIME COSTS:

DOWNPAYMENTS:

RENOVATIONS / UPDATES:

FURNISHING / DECOR:

CLOSING COSTS:

ATTORNEY FEES:

REALTOR FEES:

MOVING COSTS:

TOTAL ONE-TIME COST:



UNDER BUDGET



ON BUDGET



OVER BUDGET

NOTES

WALKTHROUGH CHECKLIST

OVERALL CURB APPEAL		POOR	OK	GREAT	N/A
FRONT YARD	FRONT LANDSCAPING				
	DRIVEAWAY				
	FRONT WALK				
	FRONT DOOR				
	GARAGE				
	HOUSE NUMBERS				
	PORCH LIGHTING				

BACK YARD	BACK LANDSCAPING				
	DECKS				
	DRIVEAWAY				
	SHEDS /STORAGE				
	LIGHTING				
	OTHER: POOL/HOT TUBE /etc.				

OVERALL EXTERIOR	PAINT/SIDING/BRICK/STONE				
	TRIMS/SHUTTERS				
	DOORS/WINDOWS				
	FENCES				
	ROOF				
	DRAINAGE				
	FOUNDATION				
	CHIMNEY				

OVERALL IMPRESSIONS		POOR	OK	GREAT	N/A
WHOLE HOUSE	GENERAL FEELING				
	ROOM SIZES				
	ROOM FLOW/LAYOUT				

OVERALL IMPRESSIONS		POOR	OK	GREAT	N/A
WHOLE HOUSE	HEATING/AIR CONDITIONING				
	ELECTRICAL (WIRING & PANEL)				
	PLUMBING				

UPGRADES

LIST ANY UPDATES OR WORK DONE BY SELLER

RENOVATIONS

LIST OF THE ITEMS THAT NEED TO BE RENOVATED/ UPDATED/ CHANGED

RENOVATION PLANS

PROJECT: _____

START DATE: _____

DEADLINE: _____

BUDGET: _____

ACTUAL COST: _____

NOTES

TASKS

[illegible]

VISION

NOTES

DATE:

DECISION MAKER

OPTION	PROS	CONS

FINAL DECISION

MOVING BOX INVENTORY

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		

MOVING DAY PLANNER

PRIORITIES

MOVING DAY TO DO LIST

ORGANIZATION

MOVING DAY SCHEDULE

6 AM

7 AM

8 AM

9 AM

10 AM

11 AM

12 AM

1 AM

2 AM

3 AM

4 AM

5 AM

6 AM

7 AM

8 AM

9 AM

10 AM

11 AM

12 AM

REMINDERS

UTILITY BILLS

[illegible]

TOTAL:

EXPENSES LOG

TOTAL:

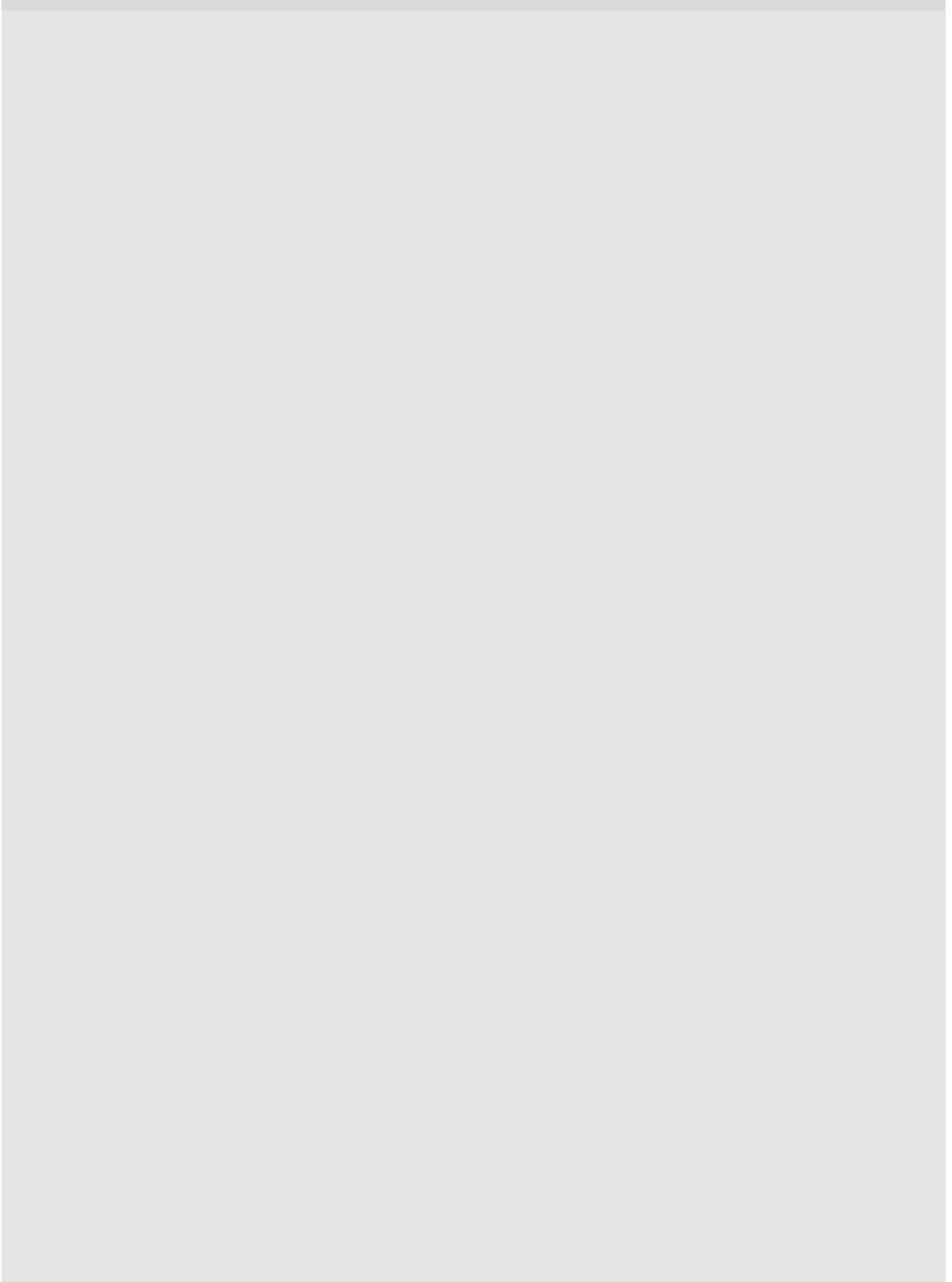
DEBT PAYMENT TRACKER

OPENING BALANCE: _____

TOTAL:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

VISION BOARD



NOTES