

Pre-listing Questionnaire

Before our meeting, I would like to learn more about your home, including your home's best features and the top area amenities.

Your Name(s)_____

Address of Home_____

Mailing Address (if different than above)_____

Are you the sole owner of the home? Yes No

Home Phone_____ Work Phone _____

Home Fax_____ Work Fax_____

Email Address_____

Will you need to buy another home? Yes No

How long have you owned the home?_____

Square Feet_____ Acreage_____

Number of Bedrooms_____ Number of Bathrooms_____

What is the overall condition? Excellent Good Fair Poor

Have you made any updates/improvements to the home? _____



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What are the top five things you like about the neighborhood or area in which your home is located?

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

What are the top features and niceties of your home?

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

What have you loved about living in this home?



Pre-listing Questionnaire

What is the one thing you will miss most about your neighborhood?

Please check all the features and amenities of your home.
Check all that apply.

- | | | | |
|--------------------------|----------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <u>Type/Style/Location</u> | <input type="checkbox"/> | <u>Kitchen</u> |
| <input type="checkbox"/> | Single Family/Detached | <input type="checkbox"/> | Breakfast Room / Nook |
| <input type="checkbox"/> | Townhouse | <input type="checkbox"/> | Island Kitchen |
| <input type="checkbox"/> | Condominium | <input type="checkbox"/> | Refrigerator |
| <input type="checkbox"/> | Patio home | <input type="checkbox"/> | Dishwasher |
| <input type="checkbox"/> | In a subdivision | <input type="checkbox"/> | Microwave |
| <input type="checkbox"/> | One story | <input type="checkbox"/> | Trash Compactor |
| <input type="checkbox"/> | Two story | <input type="checkbox"/> | Disposal |
| <input type="checkbox"/> | Split Floor Plan | <input type="checkbox"/> | Range - Electric |
| | | <input type="checkbox"/> | Range - Gas |
| <input type="checkbox"/> | <u>Back Yard</u> | <input type="checkbox"/> | <u>Exterior</u> |
| <input type="checkbox"/> | Outdoor Kitchen | <input type="checkbox"/> | Sprinkler System |
| <input type="checkbox"/> | Patio Covered | <input type="checkbox"/> | Mature Landscaping |
| <input type="checkbox"/> | Patio uncovered | <input type="checkbox"/> | View of _____ |
| <input type="checkbox"/> | Swimming Pool | | |
| <input type="checkbox"/> | Community Pool Accessible | | |



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Please check all the features and amenities of your home. Check all that apply.

Garage

- _____ One-car Garage
- _____ Two-car Garage
- _____ Three-car Garage
- _____ Attached Garage
- _____ Detached Garage

Owner's Suite

- _____ Location downstairs
- _____ Walk-in Closet
- _____ Custom Closet Details
- _____ Separate Shower
- _____ Whirlpool Tub
- _____ Fireplace

Systems

- _____ Heat source - Gas Furnace
- _____ Heat source - Elec. Furnace
- _____ Air Conditioning
- _____ Heat Pump/AC
- _____ Central Vacuum

Living Areas

- _____ Formal Living Area
- _____ Formal Dining Area
- _____ Open Floor Plan
- _____ High ceilings
- _____ Fireplace
- _____ Study/Office
- _____ Game/Media Room

General

- _____ HOA
- _____ Renting Allowed by HOA
- _____ Gated Community
- _____ Low Maintenance (lock-n-leave / seasonal occ)
- _____ Within 20 Min of Hospital
- _____ Within 15 Min of School
- _____ Security System
- _____ Fitness Center (on-site)
- _____ Fitness Center (nearby)
- _____ Community transit (nearby)

Thank you! I look forward to meeting you for our appointment at:

Date _____ Time _____ Location _____

