Buyer Needs Assessment Worksheet

Name(s)				
Current Address:				
Phone Numbers:	Home: Work: Mobile:		Home: Work:	
Fax Numbers:				
E-Mail:				
Preferred contact method(s):	☐ Phone: Mobile E-mail:		·	
Family size:		_ Pets:		
Currently: ☐ Own ☐ Rent		☐ Must sell to purchase?		
Desired possession date				
Mortgage: ☐ Prequalified Lender:		□ Pre-approved		
Ideal Price:		Ideal Monthly Payment:		
Ideal Location:				

# of Bedrooms: Minimum:		# of Bathrooms: Minimum:		
Lot size:				
Garage:How many vehicles?				
Parking Space:	□ Boat □ Camper	☐ Bus/truck ☐		
Age of home:	Style:			
☐ Eat-in kitchen	☐ Finished base	ment Special requirements		
$\hfill\square$ Separate dining room	☐ Fenced yard	☐ Day care facilities		
☐ Family room	☐ Deck/patio	☐ Elder care		
☐ Fireplace	☐ Pool	☐ Cultural activities		
□ Workshop	☐ Waterfront	☐ School requirements		
☐ Home office		☐ Sports/recreation		
☐ Home business		☐ Public transportation		
The ideal home:				
How long have you been	looking for a home?			
How have you been looki	ing?			
Did you see anything you liked?				
What kept you from buying it?				
Have any agents shown y	ou homes?			
What was your relationsh	nip with the agent?			
What did you sign with the agent?				
•		d location you want, what would you consider		
Are some features "deal	breakers" that you won'	t compromise on?		
Is there anything else I sh	nould know about your re	equirements?		
				