



The human side of real estate.



CLIENT FOCUSED. SERVICE DRIVEN. INTEGRITY REDEFINED.

# Buyer Interview

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Communications preference:  Phone  Email  Text

Number of members in household: \_\_\_\_\_

Do you have pets?  Yes  No

Do you own your home now?  Yes  No

If own, will you need to sell your home before purchasing the next one?  Yes  No

If you rent, are you in a long-term lease?  Yes  No

If in a lease, when does it expire? \_\_\_\_\_

Are you working with any other agent(s)?  Yes  No

Have you signed a Buyer Agency Agreement?  Yes  No

If yes, with whom? \_\_\_\_\_

How soon are you thinking of buying? \_\_\_\_\_

Have you been financially pre-qualified?  Yes  No

If yes, with whom? \_\_\_\_\_

**\*NOTE: Page 5 contains additional space for comments / information.**

Is there a particular location you prefer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have a specific school district you prefer?  Yes  No

If yes, what school district(s)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Buyer Interview

Is there a particular style of home that you like? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much renovation would you like to do?  A Lot  A Little  None

What do you like best about your current home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which features do you like least or wish you could change? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other special considerations (furniture pieces/guest bedroom/etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the best times for you to look at homes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Needs vs. Wants

Price Range: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Bedrooms (min): \_\_\_\_\_

Bath (min): \_\_\_\_\_

Garage Spaces: \_\_\_\_\_

Type:  Ranch  Two-Story  Bi-Level  
 Townhouse  Condo  Lake Home  
 Lake Lot  Rural Land  Vacant Lot  
 Farm land  Other: \_\_\_\_\_

## Buyer Interview

### Interior Features

	Need	Want	N/A
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office/Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat-in Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Laundry Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finished Lower Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Master Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

### Appliances

	Need	Want	N/A
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Built-In Range/Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freestanding Range/Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Built-In Range/Cooktop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

### Systems

	Need	Want	N/A
Municipal Sewer/Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Sanitary Systems (Septic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar Panel System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smart Home System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

### Amenities

	Need	Want	N/A
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Tub/Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patio/Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood Burning Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility Features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Buyer Interview

Other: \_\_\_\_\_

<b>Exterior Features</b>		Need	Want	N/A
Fenced Yard		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invisible Pet Fence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lot Type (Flat/Sloped/etc.):	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mature Landscape		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Shed/Out Building		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frontages:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Views:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water (River/Lake/etc.):	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

<b>Neighborhood</b>		Need	Want	N/A
Parks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type (Rural/City/etc.):	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lake Access Rights		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent Sized Homes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned Community		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike Paths		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pool		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Courts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner Association		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

<b>Schools</b>		Need	Want	N/A
Daycare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elementary		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

<b>Commuting Time</b>		10 Mins	20 Mins	30 Mins
Schools		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highways		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transportation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

