Tiffany Stanton



Office **402-397-2800** Cell **402-689-7434** Fax **402-330-4002**

tiffanystantonsellshomes@gmail.com

HOME BUYERS' QUESTIONNAIRE

Please complete the following questionnaire and return it to us as soon as possible. Exchanging this information prior to seeing properties helps us find exactly the right home for you. In addition to relating the physical requirements you want in your desired home, this questionnaire will help clarify what's really important to you, the style and values that affect the choice of the home you purchase.

1) FAMILY INFORMATION:

Name	E.mail		
Address	City	State	Zip
Home Phone Home Fax		Cell Phone	
Where are you employed?	Phone		
Address	City	State	Zip
Name	E.mail		
Address	City	State	Zip
Home Phone Home Fax	Cell Phone		
Where are you employed?		Phone	
Address	City	State	Zip
Who should be the primary contact?			
Preferred method of communication?			
When is the best time to call?		May we call you at	work?
How many are in your family?			
Do you have any children, if so what are their n	ames & age	s?	
Why are you moving?			
Personal interests and hobbies			

2) LOCATIONS & NEIGHBORHOODS OF INTEREST:

City and State would you like to live in?
Are there particular areas in the city that you prefer?
Describe the look and feeling of that area.
What is the maximum amount of time you are willing to spend driving to and from work? Are schools important to you? If so, do you prefer a particular school area or school district
3) HOME FEATURES DESIRED:
Range of total square footage Lot Size
Bedrooms Baths Garage Spaces
Please describe home styles or eras that you like
Please describe home styles or eras that you dislike
What features do you need to have in the home?
What features would you like, but could live without?
Do you have pets, if so what kind?
Extra parking needs?
Storage needs

Room preferences, please mark all that	t apply.	
Formal Dining Room	_ Informal Eating Area	
Formal Living Room	_ Family Room Rec	Room
Unfinished Basement		
Guest Room Office		
(in addition to number of b		
`	,	
4) HOME SETTING - Please tell us	the importance of the follows	ing characteristics:
Lot size	Privacy	
Trees	Yard	
Garden	View	
Light	Open feel	
Other considerations		
5) CURRENT HOME:		
Address of your most recent home		
Address of your most recent nome		
CityC	County	State Zip
What do you like the best about it?		
The least?		
What do you hope to accomplish by m	noving?	
Do youownrent y	our current home?	
Would you prefer selling your home p		es No
Is your home listed for sale?		
Do you need to know the market value	e of your current home?	Yes No

How did you find your last home?
6) FINANCIAL MATTERS:
What price range do you have in mind?
What is the maximum you would spend?
How much cash do you want to use for the purchase?
Have you been pre-approved? What is the name of the lender?
How much has a lender told you that you're qualified to borrow?
Do you have a budget for monthly payments?
Do you need to sell your home before you buy another?
7) TIME FRAME:
When do you need or want to move into your new home?
Why?
How long have you been looking?
Have you seen any homes that you really liked? If yes, what kept you from buying?
8) GENERAL:
What times are generally best for you to visit prospective homes?
What are your favorite Web Sites to view property?
Will anyone else help you make the decision about buying?
What do you want in a realtor?
What do you feel will be the key factor in your purchasing decision (price, terms, location, features.)

What Realtor services have you found particularly valuable in the past?		
Are there any other requirements, large or small, you have of us?		
Please contact us with any questions.		