

Designed

To

Sell Group.com

Buying Concerns

Please Share Your Concerns

I Am here to provide you with the best, most professional service while searching and purchasing a property that fits your needs. Most people have some anxiety or concern about the buying process. If I understand which aspects of the process are most important to you or are causing you the most anxiety, I feel I can better serve you. Please take a few minutes to fill out the form below.

Thank You.

	Not Concerned			Very Concerned		
Determining How Much Home You Can Afford	0	1	2	3	4	5
Obtaining a Loan	0	1	2	3	4	5
Finding a Home That Meets Your Needs	0	1	2	3	4	5
Negotiating Price	0	1	2	3	4	5
Negotiating Other Contract Details(i.e. possession date, inspections, closing costs, etc)	0	1	2	3	4	5
Understanding Paperwork (i.e. purchase contract, disclosures, inspection report, etc)	0	1	2	3	4	5
Arranging Inspections	0	1	2	3	4	5
Getting The Best Deal	0	1	2	3	4	5
Closing/Possession Date	0	1	2	3	4	5
Closing Costs	0	1	2	3	4	5
Communication w/ Broker	0	1	2	3	4	5
Finding Time to Look At Homes	0	1	2	3	4	5

Do you have any other concerns about the process of purchasing your home?

Is there anything specific I can do to make the process easier for you?

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Buyer's Worksheet

Please take a moment to fill out the following worksheet. In doing so, you will be helping me better understand what exactly you are looking for.

Neighborhood(s): _____

Bedrooms (Select Minimum) 1 2 3 4 or more

Bathrooms (Select Minimum) 1 2 3 4 or more

Lot (Select all that apply) 0 - .5 Acres .5 - 1 Acres 1 - 2.5 Acres

2.5 - 5 Acres 5 - 10 Acres 10 - 20 Acres

View Waterfront Flat

Wooded Pasture Irrigated

Indoor Amenities (Select all that apply)

Fireplaces(s) Formal Dining Room

Walk-in Closets Security System

Central Heating/AC Vaulted Ceilings

Great Room 1st Floor Master Bedroom

_____ _____

_____ _____

Outdoor Amenities (Select all that apply)

Pool Garden Area Spa/Jacuzzi

Pond Patio/Deck Porch

Desired Outbuildings

Barn Shed Guest House

RV Barn Gazebo Shop

Other Needs and Wants

Name 3 features/amenities you have enjoyed in previous residences

1. _____

2. _____

3. _____

What is the one thing you can't live without in your next home?

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Household Information

Help Us Get To Know You

**** I will not share this information with anyone. All information is for my own use ****

Name: _____ Nickname: _____

Birthday: _____

Spouse (Or significant other): _____ Nickname: _____

Anniversary Date: _____ Birthday: _____

Mailing Address: _____

Email Address: _____

Do you mind if we email you at this address?(circle one) Yes No

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

How would you prefer we communicate with you? (circle preferences)

Email Home Phone Work Phone Cell Phone

What is the best time of day to reach you? _____

Children's Names and Birthdays:

1. _____ 2. _____

3. _____ 4. _____

Pets

Dogs? (circle one) Yes No Name(s) _____

Cats? (circle one) Yes No Name(s) _____

Other _____

Favorite Restaurant(s)? _____

Favorite Activities/Hobbies? _____

Previous cities and states you have lived in: _____
