



Buyer Consultation Form

Client Name:

Address:

Phone #'s:

(W)

(C)

(H)

E-mail:

Fax:

1. Please tell me about yourself:

- a. Your Family?
- b. Work – Where is that located?
- c. Hobbies, Recreation?
- d. Dreams, Desires?

2. If you won the lottery what would you do?

3. Do you currently own a home?

A. Renting?

How long have you been renting?

B. Owning?

- a. Are you able to buy another home without selling your present home?

- b. Would you prefer to buy first or sell first?
- c. How long have you lived in your current home?

6. How many homes have you owned?

7. How long have you been looking?

8. How many homes have you seen?

9. Have you seen any you liked?

a. Yes?

What did you like about it?

Why didn't you buy it?

b. No?

What have you looked for that you haven't found?

8. Will you be financing part of the purchase or paying Cash?

a. What price range do you have in mind?

b. How did you determine your price range ?

c. Will you consider going over this amount if a home was really appealing to you?

d. Will anyone be offering financial assistance in any way?

9. How soon would you like to move into a new home?

10. Why is this time frame important to you?

11. IF we found “Just the right home” today, what would you do?

12. Who will be involved in the decision to purchase?

13. If you currently own:
 - a. Are you able to buy another home without selling your present home?

 - b. Would you prefer to buy first or sell first?

14. What are the most important thing you are trying to accomplish with this move?

15. What are your most important things in your current home?

16. What would you like your next home to look like? Most important features? Why?
 - a. What are the three things you can't live without?

Why?

17. Do you have any pets?

Do they have special requirements?

20. Do you have any school requirements?