

SELLER QUESTIONNAIRE



SELLER INFORMATION

Date: _____

First name _____
Last name _____
Home address _____
City, state, zip _____
Cell phone _____
Email _____
Preferred method CALL TEXT EMAIL
Preferred time _____ AM / PM

CO-OWNER
First name _____
Last name _____
Cell phone _____
Email _____
Other decision-makers:
1 _____
2 _____

PROPERTY INFORMATION

Street _____
City _____
State, zip _____
Apartment, suite, unit _____
Community _____

HOA _____
HOA phone, email _____
HOA monthly fees \$ _____
Monthly fees include _____
Management company _____

SELLING, FINANCING & LISTING PRICE

Reason for selling? _____
When do you want to sell by? _____ Urgency? YES NO
Do you own your home free and clear? YES NO Do you owe anything on the property? YES NO
Monthly mortgage payment: \$ _____ Amount behind (with fees): \$ _____
Do you know what your home may be worth on the market? YES NO
What listing price did you have in mind? \$ _____

MOVING

Is your home currently rented? YES NO Lease expiration? _____
Will the home be occupied during the sales process? YES NO By who? _____
Will you need to move before you sell? YES NO Are you looking for a new home? YES NO
What location? _____ Working with agent? YES NO

HOME INFORMATION

Home type: SINGLE FAMILY HOME MULTI-FAMILY HOME VILLA TOWNHOUSE CONDO

Home size (above ground): _____ sq. ft. Lot size: _____ acre

Floors: BASEMENT FIRST FLOOR SECOND FLOOR THIRD FLOOR FOURTH FLOOR ATTIC

Open floor plan? YES NO Detached structures: GARAGE STORAGE SHED Other: _____

Home style: MODERN CLASSIC Cultural heritage: HISTORICAL BUILDING HISTORIC DISTRICT

Construction year: _____ Last renovation year: _____ Major improvements made (name, year):

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Structure type: _____ Flooring type: _____ Ceiling height: _____

Roof age: _____ Windows age: _____ Heating system: _____

Service providers: Gas _____ Electricity _____ Water _____ Phone _____ Wifi _____ TV _____

Overall condition: READY TO MOVE IN NEEDS SOME IMPROVEMENTS NEEDS RENOVATION

ROOMS & FEATURES

MASTER BEDROOMS # KIDS BEDROOMS # BATHS # GARAGE SPACES #

Please rate each existing room and extra feature of your home (1 = does not apply; 5 = applies significantly):

	1	3	5		1	3	5
MASTER SUITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FENCED YARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALK-IN CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LANDSCAPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEDROOMS SIZE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	READY TO MOVE IN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GUEST ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW CONSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE/STUDY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRIVACY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOBBY/GYM ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LARGE KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QUIETNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANTRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOWNTOWN AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FORMAL DINING ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESIDENTIAL AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LARGE LIVING ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NATURAL ENVIRONMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIREPLACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COUNTRYSIDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAUNDRY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAMILY NEIGHBORHOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTRA STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO SCHOOLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINISHED BASEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO PARKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKSHOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO HIGHWAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PATIO/DECK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO PUBLIC TRANSPORTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BBQ AREA/POOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO RESTAURANTS, LEISURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BACKYARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO SHOPPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POSITIVE FEATURES

Why did you purchase this home? _____

What are the best features of your home? _____

Neighborhood amenities: _____

What will you miss the most about your neighborhood? _____

What valuable fixtures are you leaving in the home? _____

NEGATIVE FEATURES

Disadvantages concerning:

• Repairs and alterations: _____

• Structural and mechanical systems: _____

• Water-related and mold issues: _____

• Appliances: _____

• Pets, animals, and pests: _____

• Landscaping, pool, and spa: _____

• Title, ownership, and legal claims: _____

• Boundaries, access, and property use by others: _____

• Neighborhood noise: _____

(noise and other nuisance from sources like: neighbors, traffic, parking congestion, airplanes, trains, light rail, subway, trucks, freeways, buses, schools, parks, refuse storage or landfill processing, agricultural operations, business, odor, recreational facilities, restaurants, entertainment complexes or facilities, parades, sporting events, fairs, neighborhood parties, litter, construction, air conditioning equipment, air compressors, generators, pool equipment or appliances, or wildlife)

• Governmental: _____

(issues such as: ongoing or contemplated eminent domain, condemnation, annexation or change in zoning or general plan, existence or tendency of any rent control, occupancy restrictions or retrofit requirements, existing or contemplated building or use moratoria, current or proposed bonds, assessments, or fees that do not appear on the property tax bill, proposed construction, reconstruction or closure of nearby government facilities or amenities such as schools, parks, roadways and traffic signals, existing or proposed government vegetation and landscaping requirements, any protected habitat for plants, trees, animals, or insects)

Other: _____

PROPERTY VIEWING

What days and times are the best for you for viewings? _____ MON _____ TUE _____

WED _____ THU _____ FRI _____ SAT _____ SUN _____

Do you need to approve each appointment for the viewing? YES NO