

SELLER QUESTIONNAIRE

SELLER INFORMATION

Date: _____

First name _____
 Last name _____
 Home address _____
 City, state, zip _____
 Home phone _____
 Cell phone _____
 E-mail _____
 Preferred method PHONE CELL EMAIL
 Preferred time _____ AM _____ PM

co-owner
 First name _____
 Last name _____
 Home phone _____
 Cell phone _____
 E-mail _____
other decision-makers
 1 _____
 2 _____

PROPERTY INFORMATION

Street address _____
 City _____
 State _____
 Zip code _____
 Apartment, suite, unit _____
 County _____
 Assessor's parcel number _____

Community _____
 Management co _____
 Association contact _____
 Association phone _____
 Association e-mail _____
 Monthly association fees _____
 Monthly fees include _____

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
 Are you currently paying off the mortgage? YES NO
 Monthly 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

Will you need to move before you sell? YES NO
 Are you looking for a new home to buy? YES NO
 Are you working with another Realtor or agent? YES NO

HOME INFORMATION

Type of home: SINGLE FAMILY HOME MULTI-FAMILY HOME VILLA TOWNHOUSE CONDO

Lot size: _____ **acre** **Home orientation:** N-S E-W

Home size: (above ground) _____ **sq. ft.** **Backyard size:** _____ **sq. ft.**

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

Open floor plan? YES NO **Other detached structures:** (garage, shed, pool house) YES NO

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

Construction year: _____ **Is it finished:** YES NO

Last renovation year: _____ **Major improvements made:** YES NO

Construction type: _____ **Exterior finishing coating:** _____

Type of woodwork: _____ **Type of flooring:** _____

Service providers: electric _____ gas _____ water _____ cable _____ telephone _____ wifi _____

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

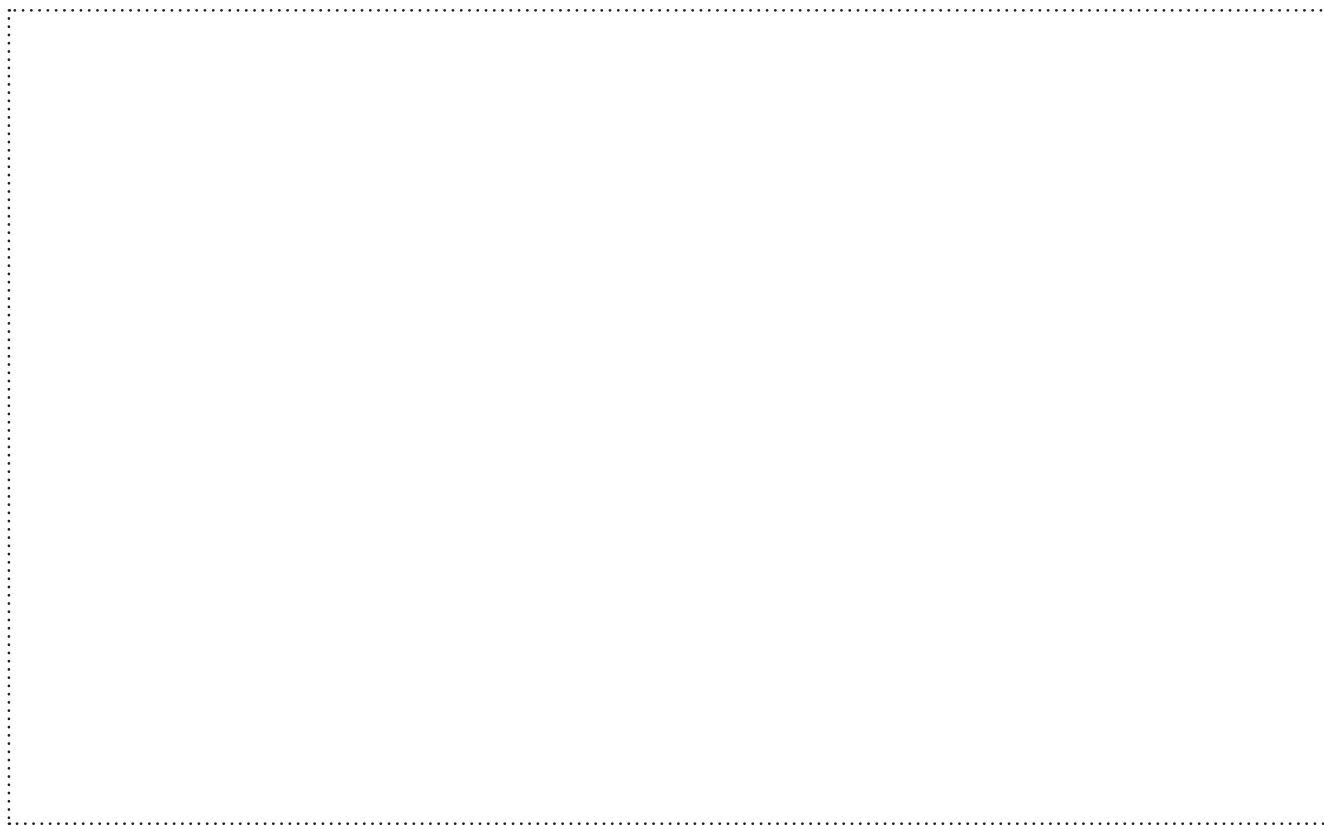
ROOMS & FEATURES

Please provide us more information on the main rooms sizes and floor positions and rate extra features of your home (1 = does not apply; 5 = applies significantly).

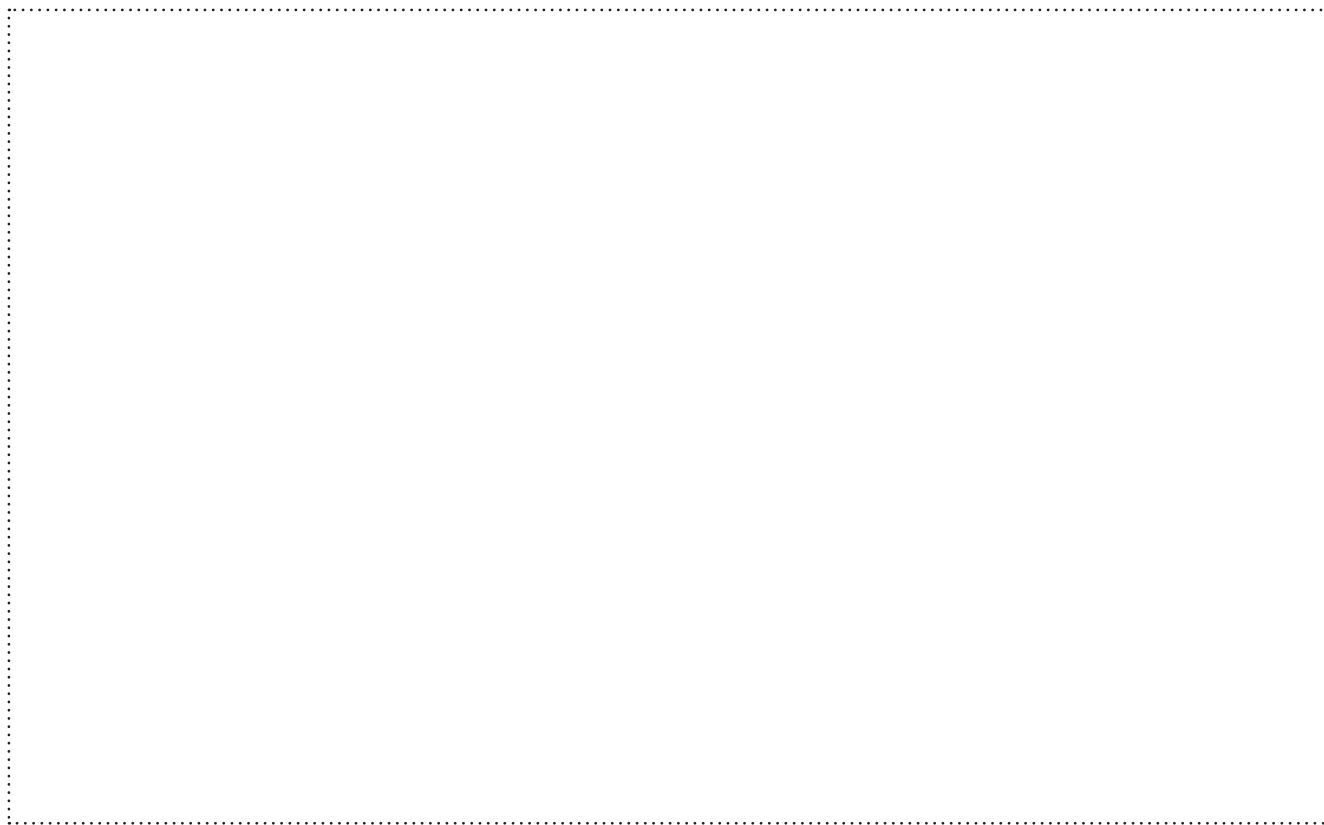
	dimensions	floor		dimensions	floor
MASTER BEDROOM			BATH 2		
BEDROOM 1			BATH 3		
BEDROOM 2			KITCHEN		
BEDROOM 3			DINING ROOM		
BATH 1			LIVING ROOM		

	YES	NO		1	3	5
MASTER SUITE	<input type="checkbox"/>	<input type="checkbox"/>	READY TO MOVE IN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALK-IN CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	RENOVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GUEST ROOM	<input type="checkbox"/>	<input type="checkbox"/>	PRIVACY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE/STUDY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	VIEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOBBY/GYM ROOM	<input type="checkbox"/>	<input type="checkbox"/>	QUIETNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FORMAL DINING ROOM	<input type="checkbox"/>	<input type="checkbox"/>	NATURAL ENVIRONMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIREPLACE	<input type="checkbox"/>	<input type="checkbox"/>	FAMILY NEIGHBORHOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAUNDRY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO SCHOOLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO PARKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTRA STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	CITY ENVIRONMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE spaces # <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUSINESS DISTRICT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKSHOP	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PATIO/DECK	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO HIGHWAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BACKYARD	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO PUBLIC TRANSPORTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BBQ AREA	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO RESTAURANTS, BARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POOL	<input type="checkbox"/>	<input type="checkbox"/>	CLOSE TO SHOPPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FENCED YARD	<input type="checkbox"/>	<input type="checkbox"/>	COUNTRYSIDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY FLOOR PLANS



PROPERTY PHOTO



POSITIVE FEATURES

Why did you purchase this home? _____

What are the best features of your home? _____

Other specific features? _____

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, systems, and appliances _____
- disaster relief, insurance, or civil settlement _____
- water-related and mold issues _____
- pets, animals, and pests _____
- boundaries, access, and property use by others _____
- landscaping, pool, and spa _____
- common interest condominiums and developments _____
- title, ownership, and legal claims _____
- 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: _____

OTHER INFORMATION

Is your home currently rented? YES NO

Lease expiration? _____ Monthly rent: \$ _____

PROPERTY VIEWING

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

WED _____ THU _____ FRI _____ SAT _____ SUN _____

Is your home ready for the viewing at all times? YES NO

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