



PERFECT HOME PROGRAM

NEEDS ANALYSIS

Name(s): _____ Date: _____

Address: _____

Phone: (h) _____ (w) _____ (c) _____

Fax: _____ Email: _____

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

1. Rank, in order, the important factors in your buying decision. Some of the most common factors are listed below, but you may have your own specific primary considerations.

- _____ Price
- _____ Square footage/number of rooms
- _____ Yard/Lot/View
- _____ Neighborhood/Location
- _____ Maintenance-free yard
- _____ Security/Gated Community
- _____ Proximity to work
- _____ Schools
- _____ Architectural Style
- _____ Workshop/Garage
- _____ Entertaining space
- _____ Kitchen size and design
- _____ Energy consumption
- _____ Home health/Indoor environmental quality
- _____ Other _____



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2. Property type:

- | | |
|--|---|
| <input type="checkbox"/> Home | <input type="checkbox"/> Condo |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Paired Home (Duplex, Double) |
| <input type="checkbox"/> Acreage | <input type="checkbox"/> Villa |
| <input type="checkbox"/> Investment Property | <input type="checkbox"/> Multi-Unit |

3. What are your three absolute must haves in your next home?

- I. _____
- II. _____
- III. _____

4. Minimum price \$ _____ Maximum price \$ _____

5. Minimum number of bedrooms? 1 2 3 4+

6. Minimum number of bathrooms? 1 2 3 4+

7. Approximate square footage? _____

8. Garage required? Y / N For how many cars? _____

9. How important is a view? Very Moderate Not Important

10. If yes, of what and from where?

11. Where will you spend most of your time? _____

12. What are your outdoor needs? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Patio/deck | <input type="checkbox"/> Garden area |
| <input type="checkbox"/> Automatic sprinkler system | <input type="checkbox"/> Jacuzzi / spa |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Acreage |

13. What are your indoor needs? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Formal Dining |
| <input type="checkbox"/> Vaulted ceilings | <input type="checkbox"/> Walk-in closets |
| <input type="checkbox"/> Formal living room | <input type="checkbox"/> Office/studio/den |
| <input type="checkbox"/> Move-in condition | <input type="checkbox"/> Some maintenance okay |

14. Preferred age of home? _____

15. What neighborhood/area? _____