

## HOME BUYER QUESTIONNAIRE

PERSONAL INFORMATION:					
Last Name:	First Name:		Middle Name:		
Date of Birth:			Education:		
Gender: Male House No.			Not listed  State Zip Coo		
Address:					
QUESTIONNAIRE					
Please provide detailed responses to the following questions to assist our agents in delivering optimal results for your home purchase search. Your thorough input will help us understand your needs and preferences better.					
Tell us about your ideal location?					
Do you have anything special that needs to be accommodated such as athletic equipment, fine art, large furniture, or a large collection?					
Are schools important?					
Describe your lifestyle. What do you enjoy doing at home? (e.g., Do you do a lot of entertaining? How do you spend your time in the evenings and on the weekends?)					
entertaining: Hov	v do you spelia youl	rume in the evening	s and on the we	ekelius:)	
Do you have any pets?					