

My Needs & Wants

Date: ___/___/___

Phone #: (___) ___-___

Name*: _____ Email: _____

Current Address: _____

Bought/Sold in HI Before: Yes No Pre-Approved: Yes No Price Range: \$_____ to \$_____

Company: _____ Title: _____ Employment Duration: ___ yrs

Preferred Comm: Call Text Email Work Schedule: _____

Best Shopping Days/Times: _____ Desired Move In Date: ___/___/___

	NEED	WANT
1) Property Type	<input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo	<input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo
2) Bed / Bath / Parking	_____ / _____ / _____	_____ / _____ / _____
3) Living SqFt	Min: _____	Range: _____ - _____
4) Other: _____ SqFt	Min: _____	Range: _____ - _____
5) Lot/Land SqFt	Min: _____	Range: _____ - _____
6) Parking Type	<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Covered <input type="checkbox"/> Guest <input type="checkbox"/> Street	<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Covered <input type="checkbox"/> Guest <input type="checkbox"/> Street
7) Location/Neighborhood	_____	_____
8) East/West Boundaries	_____	_____
9) Property Condition	<input type="checkbox"/> XLNT <input type="checkbox"/> Avg <input type="checkbox"/> Abv Avg <input type="checkbox"/> Needs Work	<input type="checkbox"/> XLNT <input type="checkbox"/> Avg <input type="checkbox"/> Abv Avg <input type="checkbox"/> Needs Work
10) Views/Frontage	_____	_____
11) AC	<input type="checkbox"/> Central <input type="checkbox"/> Split <input type="checkbox"/> Windows <input type="checkbox"/> None	<input type="checkbox"/> Central <input type="checkbox"/> Split <input type="checkbox"/> Windows <input type="checkbox"/> None
12) Flooring	<input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Laminate <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Laminate <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl
13) Tub / Shower	<input type="checkbox"/> Tub <input type="checkbox"/> Shower	<input type="checkbox"/> Tub <input type="checkbox"/> Shower
14) Appliances	<input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Dishwasher <input type="checkbox"/> Others: _____	<input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Dishwasher <input type="checkbox"/> Others: _____
15) Yard	_____	_____
16) Amenities	<input type="checkbox"/> Pool <input type="checkbox"/> Fitness <input type="checkbox"/> Pets <input type="checkbox"/> BBQ <input type="checkbox"/> Others: _____	<input type="checkbox"/> Pool <input type="checkbox"/> Fitness <input type="checkbox"/> Pets <input type="checkbox"/> BBQ <input type="checkbox"/> Others: _____

Deal Breakers: _____

Other Info: _____
