(Name)		(Date)		
Use this easy checklist to help you prioritize mind that your preferences & priorities ma			oortant to you.	Keep in
How close do you need to be to: (a) public (c) airport (d) freeway access (f) other?	transportation (e) neighbors	n (b) scho nborhood shopping	ools	
What neighborhoods would you prefer?				
What school systems do you want to be ne	ar?			
What architectural style(s) of homes do yo	u prefer?			
How old a home will you consider?				
How much repair or renovation are you wi	lling to do?			
Do you have special facilities or needs that	t your home n	nust meet?		
	Must have	Would prefer	Don't care	

	Must have	Would prefer	Don't care
Bedrooms (Min. #?			
Bathrooms (Min. #?)			
Patio/Deck			
Yard (min. sq. ft?)			
Garage (size?			
Family/Rec room			
Formal living room			
Formal dining room			
Eat-in kitchen			
Laundry room			
Basement			
Attic			
Fireplace			
Hardwood floors			
View			
Lots of natural light			

Please priorit	tize these decision fac	etors from 1 (highest) to	4 (lowest):
Price	Condition	Size (sq. ft.)	Location



WHAT ARE YOUR CONCERNS?

		AT AL CERNE			CC	VERY DNCERNED
LOAN QUALIFICATIONS?	0	1	2	3	4	5
DOWN PAYMENT?	0	1	2	3	4	5
MONTHLY PAYMENTS?	0	1	2	3	4	5
HOME PRICES?	0	1	2	3	4	5
CLOSING COSTS?	0	1	2	3	4	5
LOCATION VALUE?	0	1	2	3	4	5
RATE OF APPRECIATION?	0	1	2	3	4	5
TIME FOR PREVIEWING HOMES?	0	1	2	3	4	5
PURCHASING TIMELINE?	0	1	2	3	4	5
NEIGHBORHOOD SECURITY?	0	1	2	3	4	5
CONTRACT NEGOTIATIONS?	0	1	2	3	4	5
OTHER?						

Name:	Date:
Name.	1 1316.
Name.	Date.

