

Client

Date _____

Name _____ Work: _____ Cell: _____

e-mail: _____ Home: _____ Fax: _____

Name _____ Work: _____ Cell: _____

e-mail: _____ Home: _____ Fax: _____

Address: _____ City _____ State ___ Zip _____

Rent? (Lease expiration date: _____) **Own?** (On market? _____ Need CMA? _____)

Best person, method, times to contact: _____

Other household members: _____

Needs, Preferences and Priorities

Area(s)	Fireplace, Other Amenities
Schools	Kitchen Features
Neighborhood, Site Features	Dining Areas
House Style	Other Rooms (office, family room, etc)
Age, Condition	Special Room Sizes
Bedrooms, Locations	Physical Limitations, Considerations
Baths, Locations	Other Needs
Garage	

Financial

Price Range: \$	How determined:
Pre-approved by:	Date:

Search Experience

Shopping methods, problems:	Likes/dislikes of those seen:	Ideal moving timeline:
Searching period:	Number inspected:	Best times to look at property:

Service Plan

Source and Date	Service Tasks
Conclusion, Date	