

Buyer's Guide List

1. Of the following, choose the three criteria that are most important to you in a home. Number your choices in order from 1 to 3, 1 being the most important.

- | | | |
|--------------------------|---------------------------|--------------------------------|
| ____ Price | ____ Area/Neighborhood | ____ Proximity to Hwy/Downtown |
| ____ Square Footage | ____ Year Built | ____ Car Storage |
| ____ Number of Bedrooms | ____ Home Style | ____ School System |
| ____ Number of Bathrooms | ____ Lot Size/Fenced Yard | ____ Handicap Features |

2. Complete each of the following according to your needs:

Type of Residence: Single Family Townhome Condo Other _____

Approximate Desired Price Range: \$ _____ to \$ _____

Minimum Number of Bedrooms: _____

Minimum Number of Baths: _____

Minimum Square Footage: _____

Home Age: Built between _____ and _____ No preference

Desired Area(s): _____

3. Select any other desired options from the list below:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Cable Installed | <input type="checkbox"/> Formal Dining Room | <input type="checkbox"/> Pool Community |
| <input type="checkbox"/> Walkout Basement | <input type="checkbox"/> Corner Lot | <input type="checkbox"/> Five Piece Bath | <input type="checkbox"/> Pet Free |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Covered Patio | <input type="checkbox"/> Garage Door Opener | <input type="checkbox"/> Patio |
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Cul-de-sac | <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> RV Parking |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Deck | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Smoke Free |
| <input type="checkbox"/> Central Air Conditioning | <input type="checkbox"/> Dog Run | <input type="checkbox"/> Loft | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Attic Fan | <input type="checkbox"/> Dryer | <input type="checkbox"/> Master Bathroom | <input type="checkbox"/> Updated |
| <input type="checkbox"/> Balcony | <input type="checkbox"/> Disposal | <input type="checkbox"/> Master Suite | <input type="checkbox"/> Vaulted Ceilings |
| <input type="checkbox"/> Backs to Open Space | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Mother-in-law Apartment | <input type="checkbox"/> Mountain View |
| <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Eat-in Kitchen | <input type="checkbox"/> Add't'l Off-street Parking | <input type="checkbox"/> Walk-in Closets |

4. List any additional needs or concerns:

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