

Your Dream Home... Bought!

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Number of People in Household: _____

Children's Names & Ages (If Applicable): _____

What Are Your Wants And Needs?

Please review and indicate your must haves, should haves and nice to haves!

	Must Have	Should Have	Nice to Have
Location			
School district			
Age of home			
Kitchen			
Bedrooms			
Baths			
Garage			
Size			
Price comfort			
Lot features			
Fireplace			
Transportation			
Drive time			
Other			

Fax this form to 858-413-2127 for an analysis of your Dream Home.