

Your Wish List

Your price range: \$ _____ to \$ _____

The Structure

Type of home:

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> Single-family | <input type="checkbox"/> Condo | <input type="checkbox"/> Co-op |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Duplex | <input type="checkbox"/> Manufactured home |
| <input type="checkbox"/> Other: _____ | | |

Preferred style (see Chapter 3 for sample home styles):

1. _____ 2. _____ 3. _____

Number of stories:

- | | | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> One | <input type="checkbox"/> Two | <input type="checkbox"/> Three or more |
|------------------------------|------------------------------|--|

Size:

_____ sq. ft. minimum _____ sq. ft. maximum

Age:

Built between _____ and _____

Condition:

- | | | |
|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Move-in | <input type="checkbox"/> Fixer-upper | <input type="checkbox"/> No preference |
|----------------------------------|--------------------------------------|--|

Foundation:

- | | | |
|--|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Basement | <input type="checkbox"/> Slab | <input type="checkbox"/> Crawlspace |
| <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> No preference | | |

Type of heating fuel:

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Oil | <input type="checkbox"/> Natural gas | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> No preference |

Type of heating system:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Forced hot air | <input type="checkbox"/> Radiant heat | <input type="checkbox"/> Hot water baseboard |
| <input type="checkbox"/> Steam radiator | <input type="checkbox"/> Woodstove | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> No preference | | |

The Floor Plan

Design:

- | | | |
|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Open plan | <input type="checkbox"/> Traditional | <input type="checkbox"/> Other: _____ |
|------------------------------------|--------------------------------------|---------------------------------------|

Number of bedrooms:

- | | | |
|-------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> One | <input type="checkbox"/> Two | <input type="checkbox"/> Three |
| <input type="checkbox"/> Four | <input type="checkbox"/> Five or more | |

Number of bathrooms:

- | | | |
|---|---|------------------------------|
| <input type="checkbox"/> One | <input type="checkbox"/> One-and-a-half | <input type="checkbox"/> Two |
| <input type="checkbox"/> Two-and-a-half | <input type="checkbox"/> Three or more | |

Other rooms:

- | | | |
|---|---|---|
| <input type="checkbox"/> Attic | <input type="checkbox"/> Breakfast nook | <input type="checkbox"/> Eat-in kitchen |
| <input type="checkbox"/> Family room | <input type="checkbox"/> Finished basement | <input type="checkbox"/> Fitness room |
| <input type="checkbox"/> Formal dining room | <input type="checkbox"/> Formal living room | <input type="checkbox"/> Front entry hall |
| <input type="checkbox"/> Galley kitchen | <input type="checkbox"/> Great room | <input type="checkbox"/> In-law apartment |
| <input type="checkbox"/> Laundry room | <input type="checkbox"/> Office/den/study | <input type="checkbox"/> Pantry |
| <input type="checkbox"/> Utility room | <input type="checkbox"/> Workshop | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ |

The Lot

Size:

Minimum: _____ Maximum: _____

Other features:

- | | | |
|---|---|--|
| <input type="checkbox"/> Barn | <input type="checkbox"/> Carport | <input type="checkbox"/> Extra parking |
| <input type="checkbox"/> Fenced yard | <input type="checkbox"/> Garage | <input type="checkbox"/> Garage (attached) |
| <input type="checkbox"/> Garage (heated) | <input type="checkbox"/> Garage (large, three or more cars) | <input type="checkbox"/> Garden |
| <input type="checkbox"/> Off-street parking | <input type="checkbox"/> Shed | <input type="checkbox"/> View:
_____ |
| <input type="checkbox"/> Waterfront | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ |

The Neighborhood

Preferred school district:

1. _____ 2. _____ 3. _____

Maximum commute:

Distance: _____ Time: _____

Preferred environment:

- | | | |
|---|--|--|
| <input type="checkbox"/> Established neighborhood | <input type="checkbox"/> Family neighborhood | <input type="checkbox"/> New development |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Small town | <input type="checkbox"/> Suburban |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Busy, active | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ |

Close to:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Dentist | <input type="checkbox"/> Dry cleaner |
| <input type="checkbox"/> Grocery store/supermarket | <input type="checkbox"/> Hiking/biking trails | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Museums | <input type="checkbox"/> Music venues | <input type="checkbox"/> Park |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Place of worship | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Post office | <input type="checkbox"/> Restaurants/cafes | <input type="checkbox"/> School |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Skating rink | <input type="checkbox"/> Sports fields |
| <input type="checkbox"/> Sports venues | <input type="checkbox"/> Swimming pool/beach | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ |

Amenities and Special Features**Kitchen:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Breakfast bar | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Granite counters |
| <input type="checkbox"/> Island | <input type="checkbox"/> Wine cooler | <input type="checkbox"/> Wine rack |
| <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ |

Bathroom:

- | | | |
|---|--|--|
| <input type="checkbox"/> Dressing area | <input type="checkbox"/> Heated floor | <input type="checkbox"/> Heated towel rack |
| <input type="checkbox"/> Multi-jet shower | <input type="checkbox"/> Steam shower/steam room | <input type="checkbox"/> Whirlpool tub |
| <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ |

Flooring style:

- | | | |
|---|--|--|
| <input type="checkbox"/> Flagstone | <input type="checkbox"/> Hardwood | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Wall-to-wall carpeting | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ |

Other amenities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Central air conditioning | <input type="checkbox"/> Central vacuum system | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Handicap accommodations | <input type="checkbox"/> Outdoor spa |
| <input type="checkbox"/> Patio | <input type="checkbox"/> Pool | <input type="checkbox"/> Porch |
| <input type="checkbox"/> Security system | <input type="checkbox"/> Tennis court | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Other:
_____ |