

# PERSONAL CHECKLIST

Feel free to use the worksheet below to brainstorm on what are the most important things to have in your new home. This can be a great exercise to help you organize. You can even give a copy of this form to us to help us find the BEST home for you!

ITEM	NEED	WANT	
Location	<input type="checkbox"/>	<input type="checkbox"/>	_____
Style	<input type="checkbox"/>	<input type="checkbox"/>	_____
Age	<input type="checkbox"/>	<input type="checkbox"/>	_____
Living Area Square Footage	<input type="checkbox"/>	<input type="checkbox"/>	_____
# Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	_____
# Baths	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eat-in Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	_____
Family Room	<input type="checkbox"/>	<input type="checkbox"/>	_____
Den/Office	<input type="checkbox"/>	<input type="checkbox"/>	_____
Garage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pool	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spa	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gated Community	<input type="checkbox"/>	<input type="checkbox"/>	_____
Waterfront Access	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recreational Facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

