

WORKSHEET

Define Your Dream Home

Write in your preferences and rate them: 3 = Vital, 2 = Very Important, 1 = Neutral, 0 = Not important

| LOCATION | PREFERENCES | RATE |
|----------------------------------|-------------|------|
| Neighborhood | | |
| School district | | |
| Near public transportation | | |
| Near airport | | |
| Near expressway | | |
| Near shopping | | |
| Great views | | |
| TYPE | | |
| Single-family / condo / townhome | | |
| Minimum / maximum property age | | |
| Willingness to renovate | | |
| Architectural style | | |
| Open floor plan | | |
| SIZE & MAKEUP | | |
| Minimum # of bedrooms | | |
| Minimum # of bathrooms | | |
| Eat-in kitchen | | |
| Family room | | |
| Formal dining room | | |
| Formal living room | | |
| Garage (number of cars) | | |
| Outdoor space (size/use) | | |
| Laundry room | | |
| AMENITIES | | |
| Wood floors / carpeting | | |
| Heating / cooling system types | | |
| Fireplace | | |
| Pool | | |
| Other special needs/preferences: | | |
| | | |
| | | |

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