



**Robert Cosgaya** | Bre lic# 01723730  
Office [916.542.0445](tel:916.542.0445) | Direct [916.267.4568](tel:916.267.4568)  
[Robertyouragent@gmail.com](mailto:Robertyouragent@gmail.com)

## Help me Help you!

**Our first priority is what is most important to you! Please complete the following questionnaire so that we may learn more about your special needs and requirements.**

Client Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Co-Client Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Anniversary or Special Day: \_\_\_\_\_

Children's Names \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_

Pets: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Okay to call work? Yes/No

Cell Phone/Pager: \_\_\_\_\_ Email: \_\_\_\_\_

*(Save a Tree Option: Would you like to receive our informative – and fun! – newsletter via email? Yes No)*

How would you like to receive your Home Finder information? **Phone Fax Email Pickup Mail**

Favorite Restaurant: \_\_\_\_\_

Special Interests: \_\_\_\_\_

If delivery is necessary during your real estate transaction are you accessible at work: Yes or No

Specific Work address you want us to use for any deliveries: \_\_\_\_\_

Are there any special conditions we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

What is the best number to reach you on Tuesdays for your update calls: \_\_\_\_\_

What are your regular work hours: \_\_\_\_\_

Regular Days off: \_\_\_\_\_

## **WHAT YOU WANT AND WHERE YOU WANT TO GO!**

What is most important to you about buying a home? \_\_\_\_\_  
\_\_\_\_\_

What is your biggest concern about buying a home?  
\_\_\_\_\_  
\_\_\_\_\_

How long do you plan on living in your next home? Ask me about your 5year plan  
\_\_\_\_\_

Where do you see yourself after that?  
\_\_\_\_\_  
\_\_\_\_\_

1. How soon do you plan on buying your home? ASAP 3 Months 6 Months 1 Year Not Sure

2. Do you have a home to sell? Yes/No Will you need assistance in selling your home? Yes/No

3. Have you been pre-qualified with a lender? Yes/No

3a. If yes, Lender's name and phone number? \_\_\_\_\_

3b. If no, would you like a recommendation? Yes/No

4. Price/Payment range you feel comfortable with? \_\_\_\_\_

5. Which area would you like to live in? \_\_\_\_\_

6. Number of Bedrooms? \_\_\_\_\_ Number of Bathrooms? \_\_\_\_\_

7. Approximate living area/square footage? \_\_\_\_\_

8. Type of home?      1 story   2 story   Condo                  Townhome                  ½ plex

10. Is a garage important?      Yes/No   1 car   2 car   3 car                  RV Access      Alley Access

11. Pool?      Yes/No   Above Ground   Built In   Hot Tub/Spa

12. Acreage/Lot size? \_\_\_\_\_ Do you have animals? Yes/No   What kind? \_\_\_\_\_

13. Is a fireplace important? Yes/No   Is a wood burning stove okay? Yes/No

14. Any additional features that are important to you?

---