

# FAVORITE FEATURES OF THE HOME

An important part of our marketing strategy is to showcase what you love about your home and neighborhood. The information you provide in this packet will enable us to highlight your home's best features, and tell a story that will help buyers fall in love with the house just as you did.

## TOP 3 THINGS YOU LOVE MOST ABOUT YOUR HOME

1

2

3

## UNIQUE FEATURES OF YOUR HOME

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## WHY WE DECIDED TO PICK THIS HOME

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## FAVORITE SPOT TO HANG OUT IN YOUR HOME AND WHY

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## ADDITIONAL FEATURES

- Pool       Hot Tub       Fenced in Yard       Sprinkler System
- In-Law Suite       Finished Basement       Unfinished Basement
- Fireplace       Security System       Shed       Workshop
- Solar Panels:       Owned       Leased, Expires: \_\_\_\_\_
- Other \_\_\_\_\_

# INTERIOR RENOVATIONS & UPGRADES

Check off any applicable upgrades to the interior of the house, note what year each one was completed and include a brief description.

| UPGRADED?                                | YEAR  | DESCRIPTION & APPROXIMATE COST |
|--|-------|--------------------------------|
| <input type="checkbox"/> Flooring        | _____ | _____                          |
| <input type="checkbox"/> Paint           | _____ | _____                          |
| <input type="checkbox"/> Kitchen         | _____ | _____                          |
| <input type="checkbox"/> Appliances      | _____ | _____                          |
| <input type="checkbox"/> Water Heater*   | _____ | _____                          |
| <input type="checkbox"/> A/C* or Heating | _____ | _____                          |
| <input type="checkbox"/> Plumbing        | _____ | _____                          |
| <input type="checkbox"/> Electrical      | _____ | _____                          |
| <input type="checkbox"/> Primary Bath    | _____ | _____                          |
| <input type="checkbox"/> Other Baths     | _____ | _____                          |
| <input type="checkbox"/> Windows         | _____ | _____                          |
| <input type="checkbox"/> Doors           | _____ | _____                          |
| <input type="checkbox"/> Other           | _____ | _____                          |
| <input type="checkbox"/> Other           | _____ | _____                          |

\*Age of water heater if it has not been replaced \_\_\_\_\_

\*Age of A/C if it has not been replaced \_\_\_\_\_

# EXTERIOR RENOVATIONS & UPGRADES

Check off any applicable upgrades to the outside of the house, note what year each one was completed and include a brief description.

| UPGRADED?                            | YEAR  | DESCRIPTION & APPROXIMATE COST |
|--------------------------------------|-------|--------------------------------|
| <input type="checkbox"/> Roof *      | _____ | _____                          |
| <input type="checkbox"/> Paint       | _____ | _____                          |
| <input type="checkbox"/> Garage      | _____ | _____                          |
| <input type="checkbox"/> Patio/Deck  | _____ | _____                          |
| <input type="checkbox"/> Landscaping | _____ | _____                          |
| <input type="checkbox"/> Sprinklers  | _____ | _____                          |
| <input type="checkbox"/> Pool        | _____ | _____                          |
| <input type="checkbox"/> Fencing     | _____ | _____                          |
| <input type="checkbox"/> Shed        | _____ | _____                          |
| <input type="checkbox"/> Other       | _____ | _____                          |
| <input type="checkbox"/> Other       | _____ | _____                          |

\*Age of roof if it has not been replaced \_\_\_\_\_

## HOME REPAIRS THAT HAVE NOT YET BEEN COMPLETED

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# WHAT STAYS & WHAT GOES

In order to be clear about what you would like to take with you when you sell the house, please check off the items that will be included in the sale and which are excluded that you plan on taking with you. Fixtures (anything permanently attached) are not included on the list as it is customary that they stay in the home unless otherwise noted.

| ITEM         | INCLUDED                 | EXCLUDED                 | NEGOTIABLE | N/A                      |
|--------------|--------------------------|--------------------------|------------|--------------------------|
| Refrigerator | <input type="checkbox"/> | <input type="checkbox"/> | Yes / No   | <input type="checkbox"/> |
| Washer/Dryer | <input type="checkbox"/> | <input type="checkbox"/> | Yes / No   | <input type="checkbox"/> |
| Dehumidifier | <input type="checkbox"/> | <input type="checkbox"/> | Yes / No   | <input type="checkbox"/> |
| Curtains     | <input type="checkbox"/> | <input type="checkbox"/> | Yes / No   | <input type="checkbox"/> |
| Speakers     | <input type="checkbox"/> | <input type="checkbox"/> | Yes / No   | <input type="checkbox"/> |
| Cameras      | <input type="checkbox"/> | <input type="checkbox"/> | Yes / No   | <input type="checkbox"/> |
| Patio Awning | <input type="checkbox"/> | <input type="checkbox"/> | Yes / No   | <input type="checkbox"/> |
| Yard Decor   | <input type="checkbox"/> | <input type="checkbox"/> | Yes / No   | <input type="checkbox"/> |
| _____        | <input type="checkbox"/> | <input type="checkbox"/> | Yes / No   | <input type="checkbox"/> |
| _____        | <input type="checkbox"/> | <input type="checkbox"/> | Yes / No   | <input type="checkbox"/> |

VALUABLE FIXTURES INCLUDED IN THE SALE

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ANY OTHER INFORMATION THAT YOU WOULD LIKE TO ADD

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# INFO FOR THE NEW OWNERS

Help the new owners feel right at home by providing information you would find helpful when you first moved in. Be sure to leave the new owners any warranty paperwork that goes with the house as well.

| UTILITY SERVICE PROVIDERS | AVG COST/MONTH |
|---------------------------|----------------|
| Electric _____            | _____          |
| Water _____               | _____          |
| Gas _____                 | _____          |
| Internet _____            | _____          |
| Phone _____               | _____          |
| Cable _____               | _____          |
| Trash/Recycle _____       | _____          |
| Security System _____     | _____          |

## OTHER HELPFUL INFORMATION

Trash Day \_\_\_\_\_ Recycle Day \_\_\_\_\_

Alarm Code \_\_\_\_\_ Garage Code \_\_\_\_\_ Door Code \_\_\_\_\_

Mailbox # \_\_\_\_\_ Mail Delivery/Pickup Time of Day \_\_\_\_\_

Any additional tips or information you would like to give the future owners

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# COMMUNITY AMENITIES

Wow potential buyers with a list of all the amenities your community has to offer. You can add additional items if they are not on the list.

## AMENITIES

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Gated Community                       | <input type="checkbox"/> Security             | <input type="checkbox"/> Fitness Center |
| <input type="checkbox"/> Pool                                  | <input type="checkbox"/> Hot Tub              | <input type="checkbox"/> Playground     |
| <input type="checkbox"/> Clubhouse                             | <input type="checkbox"/> Community Kitchen    | <input type="checkbox"/> Movie Room     |
| <input type="checkbox"/> Picnic Area                           | <input type="checkbox"/> Lake Access          | <input type="checkbox"/> Dog Park       |
| <input type="checkbox"/> Walking Path                          | <input type="checkbox"/> Hiking Trails        | <input type="checkbox"/> Bike Path      |
| <input type="checkbox"/> Golf Course                           | <input type="checkbox"/> Sports Courts: _____ |   |
| <input type="checkbox"/> Scheduled Community Activities: _____ |   |   |
| <input type="checkbox"/> Other: _____                          |   |   |

## HOME OWNERS ASSOCIATION

Does the neighborhood have a Home Owners Association?  Yes  No

If yes, what is the amount due? \$ \_\_\_\_\_

Paid  Monthly  Quarterly  Semi-Annually  Annually

HOA Name \_\_\_\_\_ Phone/Email \_\_\_\_\_

# YOUR NEIGHBORHOOD FAVORITES

Everyone loves getting a local's recommendations!  
What are your favorites?

## TOP 3 THINGS YOU LOVE MOST ABOUT YOUR NEIGHBORHOOD

1

2

3

## FAVORITE LOCAL HOT SPOTS

Coffee Shop \_\_\_\_\_ Bakery \_\_\_\_\_

Brunch \_\_\_\_\_ Happy Hour \_\_\_\_\_

Parks \_\_\_\_\_ Gym/Fitness Studio \_\_\_\_\_

Farmer's Market (when & where) \_\_\_\_\_

Restaurants \_\_\_\_\_

Date Night \_\_\_\_\_

Brewery &/or Wine Bar \_\_\_\_\_

Places to Take the Kids \_\_\_\_\_

Places to Take Out of Town Guests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_