

HOME BUYING *Planner*

DREAM HOME WISHLIST

Need it

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

Want it

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

Can't live without it

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

HOME CHECKLIST

- ☐ RESEARCH THE MARKET
- ☐ CHOSE CREDIT SCORE
- ☐ SET BUDGET
- ☐ WANTS & NEEDS LIST
- ☐ SAVE FOR DOWN PAYMENTS
- ☐ CHOOSE REAL ESTATE AGENT
- ☐ CHOOSE MORTGAGE TYPE
- ☐ CHOOSE MORTGAGE COMPANY
- ☐ ORGANIZE NEEDED DOCUMENTS
- ☐ GET PRE - APPROVED
- ☐ RESEARCH THE AREA
- ☐ GO TO OPEN HOUSES
- ☐ FILL OUT SCORE CARDS
- ☐ MAKE AN OFFER
- ☐ SCHEDULE APPRAISAL AND INSPECTION
- ☐ FINAL WALK THROUGH
- ☐ CLOSE ON HOUSE

[illegible]

CONTACT LIST

CLOSING ATTORNEY

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

MORTGAGE BROKER/ COMPANY

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

INSPECTION COMPANY

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

HOME APPRAISER

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

CONTACT LIST

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	

MONTHLY PLANNER

MONTH: _____

YEAR: _____

SUN	MON	TUE	WED	THUR	FRI	SAT

IMPORTANT REMAINDERS:

WEEKLY PLANNER

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

WEEKLY TOP TARGETS

1

2

3

TO DO LIST

NOTES

DAILY PLANNER

M	T	W	T	F	S	S
---	---	---	---	---	---	---

MORNING PLAN	AFTERNOON PLAN	EVENING PLAN
☐ 7:00	☐ 1:00	☐ 7:00
☐ 8:00	☐ 2:00	☐ 8:00
☐ 9:00	☐ 3:00	☐ 9:00
☐ 10:00	☐ 4:00	☐ 10:00
☐ 11:00	☐ 5:00	☐ 11:00
☐ 12:00	☐ 6:00	☐ 12:00

TO DO LIST

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

TO REMEMBER

NOTES

GOAL PLANNER

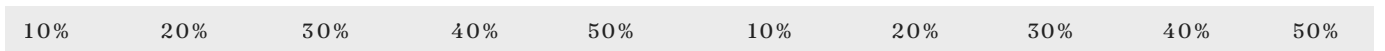
GOAL: _____

START DATE: _____ END DATE: _____

REWARD: _____

ACTION STEPS:	NOTES:
☐	
☐	
☐	
☐	
☐	
☐	

PROGRESS TRACKER:



GOAL: _____

START DATE: _____ END DATE: _____

REWARD: _____

ACTION STEPS:	NOTES:
☐	
☐	
☐	
☐	
☐	
☐	

PROGRESS TRACKER:



PROJECT PLANNER

GOAL: _____

START DATE: _____ DEADLINE: _____

DESCRIPTION/OBJECTIVES

BRAINSTORM: IDEAS/MOODBOARD

TOOLS:

1. _____
2. _____
3. _____
4. _____
5. _____

MILESTONES:

PROGRESS:

DEADLINE:

_____	10% 20% 40% 60% 80% 100%	_____	☐
_____	10% 20% 40% 60% 80% 100%	_____	☐
_____	10% 20% 40% 60% 80% 100%	_____	☐

TASKS	PRIORITY	DEADLINE	
1.			☐
2.			☐
3.			☐
4.			☐
5.			☐
6.			☐

HOUSE STATS

ADDRESS: _____ LIST PRICE: _____

OPEN HOUSE DATES:

1. _____
2. _____
3. _____

FACTS & FEATURES:

SQFT: _____	COOLING: _____
TYPE: _____	PARKING: _____
YR BUILT: _____	LOT: _____
HEATING: _____	PRICE PER SQFT: _____

NOTES

HOUSE STATS

ADDRESS: _____ LIST PRICE: _____

INTERIOR DETAILS:

BEDROOMS & BATHROOMS:	HEATING EQUIPMENT:	COOLING EQUIPMENT:
NUMBER OF BEDROOMS:		
NUMBER OF BATHROOMS:		
FULL BATHROOMS:		
3/4 BATHROOMS:		
1/2 BATHROOMS:		
1/4 BATHROOMS:		

FLOORING:

APPLIANCES:

KITCHEN:	_____	_____
BATHROOMS:	_____	_____
BEDROOMS:	_____	_____
LIVING AREAS:	_____	_____
BASEMENT:	_____	_____

NOTES

HOUSE STATS

ADDRESS: _____ LIST PRICE: _____

CONSTRUCTION DETAILS: TYPE & STYLE(CIRCLE ONE)

SINGLE FAMILY: ☐

☐ APPARTMENT BUILDING

MULTI FAMILY: ☐

☐ TOWNHOME

MANUFACTURED: ☐

☐ CONDOMINIUM

MATERIAL INFO:

ROOF _____

CONDITION:

NEW CONSTRUCTION: ☐ YES ☐ NO

YEAR BUILT: _____

NOTES

HOUSE STATS

ADDRESS: _____ LIST PRICE: _____

PROPERTY DETAILS

PARKING

PARKING FEATURES: _____

GARAGE SPACES: _____

PROPERTY

EXTERIOR FEATURES: _____

LOT

SIZE: _____

NOTES

THINGS TO CONSIDER

ADDRESS: _____ LIST PRICE: _____

LOCATION

EASY ACCESS TO HIGHWAY: ☐ YES ☐ NO

EASY ACCESS TO SHOPS: ☐ YES ☐ NO

NEAREST HOSPITAL: _____

COMMUTE TO WORK: _____

SCHOOL: _____

FEES

HOA: _____

CDD: _____

DOWNPAYMENT: _____

OTHER: _____

OTHER: _____

OTHER: _____

NOTES

HOUSE SCORECARD

ADDRESS: _____ LIST PRICE: _____

OVERALL IMPRESSION

(CIRCLE ONE)



OVERALL CONDITION

(CIRCLE ONE)



BRAND
NEW



MOVE IN
READY



NEEDS
WORK



TOTAL
REHAB

SCORES

LIGHTING:	1	2	3	4	5	6	7	8	9	10
STYLE:	1	2	3	4	5	6	7	8	9	10
CONDITION:	1	2	3	4	5	6	7	8	9	10
YARD:	1	2	3	4	5	6	7	8	9	10
NEIGHBORHOOD:	1	2	3	4	5	6	7	8	9	10
SCHOOL SYSTEM:	1	2	3	4	5	6	7	8	9	10
AMENITIES:	1	2	3	4	5	6	7	8	9	10
COMMUTE:	1	2	3	4	5	6	7	8	9	10
LOCATION:	1	2	3	4	5	6	7	8	9	10
SIZE:	1	2	3	4	5	6	7	8	9	10

TOTAL:



THE BREAKER

PROS

CONS

HOUSE SCORECARD

NOTES

Entryway/ Mudroom

Kitchen

Dining area

Living area

Bedrooms

Bathrooms

Closets

Attic/Basement

Garage/Car Port

Front Yard & Porch

Back Yard & Porch

Bonus Room (s)

Others

WORKSHEET

HOME ADDRESS: _____ LIST PRICE: _____

#BEDS: _____ #BATHS: _____ SQ FT: _____

SAFETY: _____

COMMUTE: _____

FREEWAY ACCESS: _____

BIKE PATHS: _____

SHOPPING: _____

SCHOOL DISTRICT: _____

HOSPITAL: _____

MARKET: _____

OTHERS: _____

EVALUATION SHEET

BASEMENT

TYPE: ☐ FINISHED ☐ UNFINISHED: ☐ PARTIALLY FINISHED

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
LAYOUT	1	2	3	4	5	
SIZE	1	2	3	4	5	
FLOORING	1	2	3	4	5	
SEILING HEIGHT	1	2	3	4	5	
CLEANLINESS	1	2	3	4	5	
DRYNESS	1	2	3	4	5	
FOUNDATION	1	2	3	4	5	
WALLS	1	2	3	4	5	
ODOR	1	2	3	4	5	
OTHERS:	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	

NOTES

EVALUATION SHEET

LIVING ROOM

NO. OF WINDOWS _____

CEILING FAN: ☐ YES ☐ NO

OVERHEAD LIGHTING: ☐ YES ☐ NO

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
LAYOUT	1	2	3	4	5	
SIZE	1	2	3	4	5	
FLOORING	1	2	3	4	5	
SEILING HEIGHT	1	2	3	4	5	
OTHERS:	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	

NOTES

EVALUATION SHEET

BEDROOM

NO. OF WINDOWS _____

CEILING FAN: ☐ YES ☐ NO

OVERHEAD LIGHTING: ☐ YES ☐ NO

ENSUITE BATHROOM: ☐ YES ☐ NO

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
LAYOUT	1	2	3	4	5	
SIZE	1	2	3	4	5	
FLOORING	1	2	3	4	5	
SEILING HEIGHT	1	2	3	4	5	
OTHERS:	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	

NOTES

EVALUATION SHEET

KITCHEN

NO. OF WINDOWS _____

CEILING FAN: ☐ YES ☐ NO

OVERHEAD LIGHTING: ☐ YES ☐ NO

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
LAYOUT	1	2	3	4	5	
SIZE	1	2	3	4	5	
FLOORING	1	2	3	4	5	
SEILING HEIGHT	1	2	3	4	5	
OTHERS:	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	

NOTES

EVALUATION SHEET

BATHROOM

TYPE:

☐ FULL

☐ 3/4

☐ 1/2

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
VANITY	1	2	3	4	5	
FIXTURES	1	2	3	4	5	
SHOWER/TUBE	1	2	3	4	5	
TOILET	1	2	3	4	5	
FLOORING	1	2	3	4	5	
FLOW/LAYOUT	1	2	3	4	5	
OTHERS:	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	

NOTES

EVALUATION SHEET

SCHOOL DISTRICT

☐ ELEMENTARY

☐ MIDDLE SCHOOL

☐ HIGH SCHOOL

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
SCHOOL SYSTEM	1	2	3	4	5	
OTHERS	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	

DESCRIPTION / OBJECTIVE

NOTES

EVALUATION SHEET

NEIGHBORHOOD

ITEM	CONDITION (1=worst, 5=best)					ANY DETAILS
LOCATION	1	2	3	4	5	
NEIGHBORING PROPERTIES	1	2	3	4	5	
NOISE LEVELS	1	2	3	4	5	
SAFETY/SECURITY	1	2	3	4	5	
AREA TRAFFIC	1	2	3	4	5	
AMENITIES	1	2	3	4	5	
OTHERS	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	

PROXIMITY TO

WORK	_____	HOSPITAL	_____
SCHOOL	_____	HIGHWAYS	_____
SHOPPING	_____	AIRPORT	_____
FAMILY/FRIENDS	_____	POLICE	_____
HOUSE OF WORSHIP	_____	FIRE DEPT	_____
RESTAURANTS	_____		
PUBLIC TRANSPORT	_____		

NOTES

EVALUATION SHEET

MONTHLY UTILITY COSTS

NATURAL GAS/ PROPANE:

ELECTRICITY:

FUEL OIL:

WATER:

SEWER:

GARBAGE:

OTHERS:

TOTALS:

DESCRIPTION / OBJECTIVE

NOTES

EVALUATION SHEET

FINANCIALS

ESTIMATED MONTHLY MORTGAGE:	
ESTIMATED MONTHLY PROPERTY TAXES:	
ESTIMATED MONTHLY INSURANCE:	
ESTIMATED PMI/MORTGAGE INSURANCE:	
ESTIMATED HOA FEES:	
ESTIMATED UTILITIES:	
TOTAL MONTHLY COSTS:	

ONE TIME COSTS:

DOWNPAYMENTS:	
RENOVATIONS / UPDATES:	
FURNISHING / DECOR:	
CLOSING COSTS:	
ATTORNEY FEES:	
REALTOR FEES:	
MOVING COSTS:	
TOTAL ONE-TIME COST:	



UNDER BUDGET



ON BUDGET



OVER BUDGET

NOTES

WALKTHROUGH CHECKLIST

OVERALL CURB APPEAL		POOR	OK	GREAT	N/A
FRONT YARD	FRONT LANDSCAPING				
	DRIVEAWAY				
	FRONT WALK				
	FRONT DOOR				
	GARAGE				
	HOUSE NUMBERS				
	PORCH LIGHTING				

BACK YARD	BACK LANDSCAPING				
	DECKS				
	DRIVEAWAY				
	SHEDS /STORAGE				
	LIGHTING				
	OTHER: POOL/HOT TUBE /etc.				

OVERALL EXTERIOR	PAINT/SIDING/BRICK/STONE				
	TRIMS/SHUTTERS				
	DOORS/WINDOWS				
	FENCES				
	ROOF				
	DRAINAGE				
	FOUNDATION				
	CHIMNEY				

OVERALL IMPRESSIONS		POOR	OK	GREAT	N/A
WHOLE HOUSE	GENERAL FEELING				
	ROOM SIZES				
	ROOM FLOW/LAYOUT				

OVERALL IMPRESSIONS		POOR	OK	GREAT	N/A
WHOLE HOUSE	HEATING/AIR CONDITIONING				
	ELECTRICAL (WIRING & PANEL)				
	PLUMBING				

LIST ANY UPDATES OR WORK DONE BY SELLER

LIST OF THE ITEMS THAT NEED TO BE RENOVATED/ UPDATED/ CHANGED

RENOVATION PLANS

PROJECT: _____

START DATE: _____

DEADLINE: _____

BUDGET: _____

ACTUAL COST: _____

NOTES

TASKS

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

VISION

NOTES

☐ DATE: _____

DECISION MAKER

OPTION	PROS	CONS

FINAL DECISION

--

MOVING BOX INVENTORY

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		

MOVING DAY PLANNER

PRIORITIES

MOVING DAY SCHEDULE

6 AM

7 AM

8 AM

9 AM

10 AM

11 AM

12 AM

1 AM

2 AM

3 AM

4 AM

5 AM

6 AM

7 AM

8 AM

9 AM

10 AM

11 AM

12 AM

MOVING DAY TO DO LIST

ORGANIZATION

REMINDERS

TOTAL:

TOTAL:

[illegible]

TOTAL:

[illegible]

[illegible]

VISION BOARD

