

HOMES BY BRINK
WHEN YOU THINK REAL ESTATE, THINK BRINK!

AustinRealEstate.com

SELLER HOMEWORK

SELLER CHECKLIST:

We've designed this packet in an effort to respect your time and make our business and marketing efforts as effective as possible. If you wouldn't mind, please take a moment to review and complete.

- [ ] 1. Two copies of your front door KEY. If there are doors that are keyed separately that a buyer will want opened (e.g.,storage shed) please include copies of those keys as well.
- [ ] 2. A copy of Family Member's Birthdays and Anniversaries, if applicable. This form is included in your packet.
- [ ] 3. Alarm instructions, if necessary.
- [ ] 4. Any showing instructions we will need to put in the MLS for agents who show your home i.e. - Please allow owners a minimum of 30-minute warning prior to showing home OR by appointment only, leave dog/cat inside, etc.



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SELLER QUESTIONNAIRE

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PLEASE ANSWER OR CIRCLE:

1. Where do you plan on moving? If it is out of the area, are you already working with an agent or would you like us to help you find to help you find a local expert? What is your new address if you already have one?

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-
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2. Would it be helpful for you to remain in the property after the close of escrow if possible?

Yes or No - If so how long?

3. Is your heater double-strapped?

Yes or No

4. Do all smoke detectors work?

Yes or No

5. Do you have a CO2 detector on each floor?

Yes or No

6. How much do you owe on your mortgage?

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EXCITMENT LIST

On the following page you will have an opportunity to tell us, room by room, what makes your home so special. In addition, we've provided the following questions that will help us design the most powerful marketing campaign possible.

1. What is your favorite feature of your home?

2. What is the best thing about the location of your home?

3. Tell me about any upgrades or updates you have done:

MORE QUESTIONS:

1. What type of floors do you have throughout the home?

2. What type of roofing do you have? Solar: Owned/Leased?

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ROOM-BY-ROOM

DESCRIPTION :

Floor Plan:

Primary Bedroom:

Kitchen:

Primary Bathroom:

Family Room:

Additional Features:

Living/Dining Room:
(If Applicable)

Outdoor Features:

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OTHER INFO

EXTRAS & UTILITY:

Fireplace? **Yes or No**

What type?

- Gas
- Electric
- Wood-Burning

HOA? **Yes or No**

Name of HOA:

Number of HOA:

Cost:

- Monthly/Bi-Monthly/Quarterly

AC/Heat:

What type?

- Dual Zone AC
- Single-Zone AC

Pool? **Yes or No**

What type?

- In-Ground
- Above-Ground

Spa? **Yes or No**

What type?

- In-Ground
- Above-Ground

Solar? **Yes or No**

What type?

- Owned
- Leased



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ABOUT YOU

PLEASE FILL OUT:

Name:

Name:

Wedding Anniversary:

New Address:

E-Mail:

E-Mail:

Phone Number:

Phone Number:

THANK YOU FOR FILLING OUT!



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