

SELLING YOUR HOME WORKBOOK



GRANTHOMES
REAL ESTATE

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SELLER & PROPERTY INFORMATION

SELLER INFORMATION

Owner _____ Co-Owner _____
Phone _____ Phone _____
Email _____ Email _____
Address _____
Preferred Method of Communication Call Text Email

PROPERTY INFORMATION

Address _____
(If different from above) Subdivision _____
 Single Family Multi-Family Townhouse/Condo Manufactured
Square Footage _____ Lot Size _____ Year Built _____
Bedrooms _____ Bathrooms _____ Floors _____ Garage Spaces _____
Type of Home Primary 2nd Home Investment Property
Is the home currently rented? Yes No
If yes, when is the lease expiring? _____ Rent Amount \$ _____
Overall Condition of the Home Move In Ready/Renovated
 Needs Minor Improvements In Need of Renovation/Repairs
Reason for Selling _____
Urgency to Sell? Yes No Ideal Sale Price \$ _____
Do you owe anything on the property? Yes: \$ _____ No
If yes, are you current on your mortgage payment? Yes No
Will the home be occupied during the sales process? Yes No
Will you be purchasing a new home? Yes No

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

BEST MEMORIES IN YOUR HOME

FAVORITE SPOT TO HANG OUT IN YOUR HOME AND WHY

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"/> Master 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

ROOM DESCRIPTIONS

Room descriptions will help us highlight key attributes and unique features of your home.

KITCHEN _____

LIVING ROOM _____

DINING ROOM _____

MASTER BEDROOM _____

MASTER BATHROOM _____

KIDS ROOMS _____

GUEST BEDROOMS _____

OFFICE _____

GAME ROOM OR BASEMENT _____

OTHER _____

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

ANY OTHER INFORMATION THAT YOU WOULD LIKE TO ADD

SHOWINGS & OPEN HOUSE INFO

Please fill in the time frames that you can have your home available for showings and open houses. It's important to keep in mind that having flexibility with availability is vital in selling your home.

AVAILABLE TIME FRAMES

Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

INSTRUCTIONS FOR AGENTS SHOWING YOUR HOME

Advanced notice before showings? No Yes, _____ min/hr minimum

Require guests to Remove Shoes Wear Shoe Covers

Wear Face Masks Use Hand Sanitizer

Special instructions regarding pets _____

Any additional information you would like for us to know

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 _____ Phone _____	\$ _____
Water _____ Phone _____	\$ _____ Public <input type="checkbox"/> Well <input type="checkbox"/>
Sewer _____ Phone _____	\$ _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Oil _____ Phone _____	\$ _____ Tank Size _____
Gas _____ Phone _____	\$ _____ Tank Size _____
Internet _____ Phone _____	\$ _____
Phone _____ Phone _____	\$ _____
Cable _____ Phone _____	\$ _____
Trash/Recycle _____ Phone _____	\$ _____

INFO FOR THE NEW OWNERS

OTHER HELPFUL INFORMATION

Trash Day _____ Recycle Day _____

Alarm Code _____ Garage Code _____ Pool Code _____

Mailbox # _____ Mail Delivery/Pickup Time of Day _____

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

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 _____

FAVORITE FRIENDLY NEIGHBORS

Name _____ House # _____ Phone _____

Name _____ House # _____ Phone _____

Thank you

for trusting us with your real estate needs

