



SELLING YOUR HOME WORKBOOK

TRICIA  TURNER
— GROUP —

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 checked="" type="checkbox"/> Fitness Center |
| <input checked="" type="checkbox"/> Pool | <input type="checkbox"/> Hot Tub | <input checked="" type="checkbox"/> Playground |
| <input checked="" type="checkbox"/> Clubhouse | <input type="checkbox"/> Community Kitchen | <input type="checkbox"/> Movie Room |
| <input checked="" type="checkbox"/> Picnic Area | <input type="checkbox"/> Lake Access | <input checked="" type="checkbox"/> Dog Park |
| <input checked="" 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 _____

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 _____ Pool Code _____

Mailbox # _____ Mail Delivery/Pickup Time of Day _____

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

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 Bed Room
- 2 Feels like Home
- 3 Cozy

UNIQUE FEATURES OF YOUR HOME

BEST MEMORIES IN YOUR HOME

FAVORITE SPOT TO HANG OUT IN YOUR HOME AND WHY

Living Room & Bed Room

ADDITIONAL FEATURES

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Pool | <input type="checkbox"/> Hot Tub | <input checked="" type="checkbox"/> Fenced in Yard | <input checked="" type="checkbox"/> Sprinkler System ^{IN FRONT} |
| <input type="checkbox"/> In-Law Suite | <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Unfinished Basement | |
| <input checked="" type="checkbox"/> Fireplace | <input type="checkbox"/> Security System | <input checked="" type="checkbox"/> Shed | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Solar Panels: | <input checked="" type="checkbox"/> Owned | <input type="checkbox"/> Leased, Expires: _____ | |
| <input type="checkbox"/> Other | Raised Flower Beds | | |

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 checked="" type="checkbox"/> Flooring	_____	_____
<input checked="" type="checkbox"/> Paint	_____	_____
<input checked="" type="checkbox"/> Kitchen	_____	_____
<input checked="" type="checkbox"/> Appliances	_____	_____
<input checked="" type="checkbox"/> Water Heater*	_____	_____
<input checked="" type="checkbox"/> A/C* or Heating	_____	_____
<input type="checkbox"/> Plumbing	_____	_____
<input type="checkbox"/> Electrical	<u>2022</u>	<u>had it all checked</u>
<input type="checkbox"/> Master Bath	_____	_____
<input checked="" type="checkbox"/> Other Baths	_____	_____
<input type="checkbox"/> Windows	_____	_____
<input checked="" 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 _____

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"/>	<input checked="" 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

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 checked="" type="checkbox"/> Roof *	_____	_____
<input checked="" type="checkbox"/> Paint	_____	_____
<input type="checkbox"/> Garage	_____	_____
<input type="checkbox"/> Patio/Deck	_____	_____
<input checked="" type="checkbox"/> Landscaping	_____	_____
<input type="checkbox"/> Sprinklers	_____	_____
<input type="checkbox"/> Pool	_____	_____
<input checked="" type="checkbox"/> Fencing	_____	_____
<input checked="" 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

With gratitude,

Thank you for *trusting* us with
your real estate needs.

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