

TELL US ABOUT YOU

Thank you for trusting us with your Real Estate needs. Please take a moment to complete this survey to help us get to know you better.

YOU

Name _____

Nickname _____

Birthday _____

Employer _____

Occupation _____

YOUR SPOUSE/PARTNER

Name _____

Nickname _____

Birthday _____

Employer _____

Occupation _____

Anniversary _____

YOUR CONTACT INFO

	Preferred Contact
Home Phone _____	<input type="checkbox"/>
Cell Phone _____	<input type="checkbox"/>
Work Phone _____	<input type="checkbox"/>
Email _____	<input type="checkbox"/>

Are text message updates ok? Yes No

YOUR SPOUSE/PARTNER'S CONTACT INFO

	Preferred Contact
Home Phone _____	<input type="checkbox"/>
Cell Phone _____	<input type="checkbox"/>
Work Phone _____	<input type="checkbox"/>
Email _____	<input type="checkbox"/>

Are text message updates ok? Yes No

Do you have children? Yes No

CHILDREN'S NAME	BIRTHDATE
_____	_____
_____	_____
_____	_____

Do you have pets? Yes No

PET'S NAME	TYPE OF PET
_____	_____
_____	_____
_____	_____

DO YOU PREFER... WINE BEER

Favorite beer or type of beer _____

Favorite brewery _____

Favorite wine or type of wine _____

Favorite winery _____

DO YOU LIKE TO READ? YES NO

Do you prefer paper or digital? Paper Digital

Favorite book _____

DO YOU PREFER... COFFEE TEA

How do you take your coffee? _____

Favorite coffee shop _____

Favorite tea _____

Favorite tea shop/brand _____

DO YOU LIKE SPORTS? YES NO

Favorite sport to watch _____

Favorite team to cheer for _____

Favorite sport to play _____

Do you ski or snowboard? Ski Board

Favorite outdoor activity _____

Favorite type of exercise _____

WHAT'S YOUR FAVORITE...

Place for lunch? _____

Place for dinner? _____

Type of food? _____

Snack? _____

Dessert? _____

Candy? _____

Cocktail? _____

Color? _____

Flower? _____

Place to shop? _____

Way to relax? _____

Type of music? _____

TV show? _____

Movie? _____

THREE THINGS YOU CAN'T LIVE WITHOUT:

1. _____

2. _____

3. _____

WHAT'S SOMETHING ON YOUR BUCKET LIST?

SOME OF YOUR HOBBIES INCLUDE...

DO YOU COLLECT ANYTHING?

YES

NO

What do you collect?

Where would your dream vacation be? What would you do?

Favorite place for a weekend getaway

If you could choose to do anything for a day, what would it be?

Favorite holiday

Favorite holiday tradition

Describe your design aesthetic

Rate on a scale 1-5, with 5 being the best

WHO IS YOUR....

1 2 3 4 5

Loan Officer	_____	Phone	_____
Financial Planner	_____	Phone	_____
Accountant	_____	Phone	_____
Insurance Agent	_____	Phone	_____
Trust Attorney	_____	Phone	_____