

Your Needs and Wants

ITEM	NEED	WANT	Address: _____
Location			
Style			
# Levels			
# Bedrooms			
# Baths			
Living Room			
Dining Room			
Eat-in Kitchen			
Den/Office			
Basement			
Attached Storage			
Detached Storage			
Off-street Parking			
Garage			
Central Heating			
Central A/C			
Individual A/C			
Fireplace			
Dishwasher			
Other: _____			
Other: _____			
Other: _____			

Other: _____			
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