



Open House Feedback

Please rate the following from 1 (low) to 5 (high)

Date: _____

Area of Interest

Rating

Curb appeal	1	2	3	4	5
First Impression when entering the home	1	2	3	4	5
Kitchen/Family Room	1	2	3	4	5
Master Bedroom	1	2	3	4	5
Other Bedrooms	1	2	3	4	5
Yard	1	2	3	4	5
How does this home meet your criteria?	1	2	3	4	5
How is the value compared to others?	1	2	3	4	5

Personal Information

Name: _____

Address: _____

Email: _____

Mobile: () _____ Home () _____

Current Status

What is your timeline for buying?	1 mth	3 mth	6 mth	12 mth	more
Do you have a home to sell?	Yes	No			
Do you have a REALTOR?	Yes	No			
Do you have a Lender?	Yes	No			
Have you been Pre-Approved?	Yes	No			

Comments?