Homeownership Design Questionnaire

Name: ________________________________
Roll # ________________________________
Phone: ________________________________
Email: ________________________________

Please fill out each question.

1. What is your expected monthly budget for house payments?

2. Are there any special needs that would require modifications to the home (e.g. wheelchair accessibility)?

3. How many people will live in this house?

4. What age range(s) (e.g. elderly, children, young adults)

5. Do you need a garage? Single or Double Garage?
6. Do you prefer open general living space or separated rooms?

________________________________________________________________________

7. How many bedrooms?

________________________________________________________________________

8. Is a home office or bonus room important?

________________________________________________________________________

9. Is TV an important focus, an occasional activity, or not important at all?

________________________________________________________________________

10. Are there any special features that are important to you? (e.g. fireplace, cathedral ceiling, or sunroom)

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11. Do you enjoy cooking and spend a lot of time in the kitchen?

________________________________________________________________________
________________________________________________________________________

12. Where do you typically eat in your home?

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________________________________________________________________________
13. What rooms or areas are high priority in your home?

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________________________________________________________________________
________________________________________________________________________

14. Do you have colors that you love? Do you like things bright, colorful, muted, neutral, or earthy?

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15. Do you have, or anticipate in the future, an elderly family member living with you?

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________________________________________________________________________
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16. Where in your home do people tend to gather and spend most of their time?

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________________________________________________________________________
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17. What transitional spaces are important to you? (e.g. porch, deck, patio, covered walkway)

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________________________________________________________________________
________________________________________________________________________
18. Please list the rooms you envision in your home.

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19. Are there any other preferences you may have for your home? or additional information you would like to add?

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__________________________________________________________________________
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Completed Questionnaires can be returned via email to:

Natalie Winters, Project Manager
natalie@iconarchitect.com

If you would prefer to deliver the completed questionnaire personally, or by mail (or even have us pick it up!) please contact our construction team and they will help make arrangements:

Justin Stritzke, Project Manager
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