

BUYER SALE QUESTIONNAIRE

PROPERTY ID: _____ SALE DATE: _____

PROPERTY ADDRESS: _____

BUYER: _____

Public records indicate the property listed above sold. Iowa Assessors are required to use all sales in the appraisal of comparable homes unless there is a good reason why they should not. An accurate sales file helps us assess property more fairly. Your answers to the questions below help us determine if there are valid reasons why the above sale should not be used to appraise similar homes. **Your reply within 5 days is greatly appreciated.**

1. Was there an appraisal done in conjunction with the sale of the property? ☐ Yes ☐ No
If yes, what was the appraised value? \$ _____
2. Was this property listed by a Realtor®? ☐ Yes ☐ No
How long was the property listed (*please include total listing time when listed multiple times*) _____
3. What is the proposed use of the property? _____ Is this a change in use? ☐ Yes ☐ No
4. Did the seller finance or waive any costs associated with the sale of the property? ☐ Yes ☐ No
If yes, what was the total amount of incentives from the seller (*incl. waived commissions*)? \$ _____
5. Was any personal property included in the sale price other than appliances? ☐ Yes ☐ No
If yes, please list item(s) and value assigned to item(s): _____

6. Was the sale between members of the same family or otherwise related parties? ☐ Yes ☐ No
If yes, please explain. _____
7. Was the buyer already a tenant in this home? ☐ Yes ☐ No
8. Was this a fulfillment of an option to buy a prior year contract? (For how long?) ☐ Yes ☐ No
9. Was this an 1031 Trade & what property was traded? ☐ Yes ☐ No
If so, please list the address of the other property exchanged: _____
10. Did the buyer already own adjacent property? (Name on an adjacent property) ☐ Yes ☐ No
11. Was there any remodeling or renovation after January 1 and before the sale was closed? ☐ Yes ☐ No
If yes, approximately how much was spent (*if known*)? (Disclosed by Seller) \$ _____
Please describe changes: _____

12. Is this a rental property? ____ Yes ____ No If yes, how many units? _____
Amount of gross rent, assuming 100% occupancy? \$ _____

13. Please indicate number of each type of room per level:

	Bedrooms	Full Bath	$\frac{3}{4}$ Bath	$\frac{1}{2}$ Bath	Living Room	Dining Room	Kitchen	Family Room	Other
Basement									
1st Level									
2nd Level									
Attic									

14. Please mark if the following are original to the house or estimate the year they were remodeled or replaced:

	Original	Year Rem/Rep
Kitchen		
Baths		
Foundation		

15. Please estimate age of items listed below:

	Type, Material, or Update	0-3 Years	4-7 Years	8-10 Years	11-15 Years	16-20 Years	>20 Years
Roof							
Siding							
Windows							
Furnace							
Central Air							
Wiring							
Plumbing							
Floors							
Kitchen							
Baths							
Foundation							

PRINT NAME: _____

SIGNED _____ DATE: _____

PHONE NUMBER:(_____)_____ BEST TIME TO CALL: _____

EMAIL: _____