

CONFIDENTIAL INTERNATIONAL NEEDS ASSESSMENT

HOUSING REQUIREMENTS

Check out your designated housing website: BHHSGeorgia.com

**BERKSHIRE
HATHAWAY**
HomeServices

Georgia
Properties

PRIMARY DETAILS

Name	Nationality	Languages (Other than English)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse/Partner Name	Nationality	Languages (Other than English)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address		
<input type="text"/>		
City	State	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Email	Spouse Email	Job Assignment Start Date In Georgia
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer/Work Address		
<input type="text"/>		
What type of VISA are you using?		
<input type="checkbox"/> L1 <input type="checkbox"/> HB1 <input type="checkbox"/> OTHER _____		
Have you ever been issued a Social Security Number from the US Government?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will your spouse wish to obtain an Employment Authorization Document?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you want assistance with opening a bank account in the US?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

HOUSING REQUIREMENTS

Do you plan to Buy or Rent?	Desired Housing Type?
<input type="checkbox"/> Buy <input type="checkbox"/> Rent	<input type="checkbox"/> Single Family <input type="checkbox"/> Townhome/Condo <input type="checkbox"/> Apartment
What's your general price range?	What is your maximum desired commute time?
\$ <input type="text"/> to \$ <input type="text"/>	<input type="text"/>
What do you want in your home?	
<input type="checkbox"/> # of Bedrooms <input type="text"/>	<input type="checkbox"/> # of Bathrooms <input type="text"/>
<input type="checkbox"/> Dining Room	<input type="checkbox"/> Family Room
<input type="checkbox"/> Living Room	<input type="checkbox"/> Great Room
<input type="checkbox"/> Rec Room	<input type="checkbox"/> Basement
<input type="checkbox"/> Carport	<input type="checkbox"/> Garage
Are there communities you have heard about that you would like to visit with a REALTOR® during your first trip?	
<input type="text"/>	
Are any of your family members having difficulty adjusting to relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, bringing this to our attention will make it possible for us to make suggestions that might help!	
Do you or any of your family members have special medical circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, are there facilities and/or types of services you would like us to research for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/>	

FAMILY STATISTICS

Do you have any children?

☐ Yes

☐ No

Name

Age

Gender

Languages (Other than English)

Name

Age

Gender

Languages (Other than English)

Name

Age

Gender

Languages (Other than English)

Which types of schools are you looking for? (Check all that apply)

☐ Pre-School

☐ Elementary School

☐ Middle School

☐ High School

☐ College

☐ Public

☐ Private

Do you have special school requirements? (ex: special ed, talented and gifted, sports oriented)

Do you or your family have any special interests or hobbies?

Are there other household members who will be moving with you? Yes ☐ No ☐

Do you have any pets?

☐ Yes

☐ No

Type/Breed

Weight

Type/Breed

Weight

Type/Breed

Weight

TRAVEL/ORIENTATION TRIP

Do you have a travel/orientation trip scheduled?

☐ Yes

☐ No

If no, mark No and skip this section

Dates

Details

Where will you be staying during your trip?

Name Of Hotel

Address

City

How many people will be traveling with you?

Would you like us to research any activities for you?

☐ Yes

☐ No