

IDENTIFICATION OF SALE

Registration no.		Building address	
Sale price		Buyer(s)	
Adjusted sale price			
Date of sale		Seller(s)	

SALES ENQUIRY FORM

1. Does the price paid correspond to the price entered above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, specify
2. Does the purchase price include furniture, equipment, or other movable property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approximate value \$ Description
3. How long was the building for sale?	year(s) _____ month(s) _____ week(s) _____	day(s) _____ <input type="checkbox"/> I don't know <input type="checkbox"/> Not on the market
4. The seller was a...	<input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Unrelated <input type="checkbox"/> Subsidiary	<input type="checkbox"/> Acquaintance <input type="checkbox"/> Real estate agent <input type="checkbox"/> Other
5. Asking price before negotiations	\$ _____	
6. Context of the sale	<input type="checkbox"/> Forced sale <input type="checkbox"/> Separation or divorce settlement <input type="checkbox"/> Court judgment	<input type="checkbox"/> Estate sale <input type="checkbox"/> Repossession <input type="checkbox"/> Not applicable
7. Was the sale concluded as part of a transfer...	<input type="checkbox"/> By the seller <input type="checkbox"/> By the buyer	<input type="checkbox"/> Not applicable
8. Do you own a property adjacent to this one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you feel the sale price accurately reflected the market value of the property at the time of the transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Explain (if necessary) What was the difference + _____ - _____
10. At the time of purchase, were the house and land in the same condition as they are now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, describe the recent work in the table below. Total amount \$ _____

BEFORE	AFTER	TO DO	DEFECTS	WORK	YEAR	BEFORE	AFTER	TO DO	DEFECTS	WORK	YEAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water infiltration	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flooring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior siding	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shed, carport, detached garage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inground pool	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electricity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basement finishing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water quality	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic tank or well		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom (sink, shower)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furnace		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structure (frame)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balcony(ies)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Powder room (sink, toilet)	

Comments |

11. Are there enough parking spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Parking spaces at a condominium		
▶ Number of spaces included in the sale price	Indoor Outdoor	
▶ If purchasing parking spaces, what is the price per space?	Indoor \$ Outdoor \$	
13. Compliance: Compared to your neighbours, do you consider your property to be:	<input type="checkbox"/> Inferior <input type="checkbox"/> Superior <input type="checkbox"/> Equivalent <input type="checkbox"/> Other	
14. Proximity to specific features in the neighbourhood (is your property close to...)? Specify.	Other comments	
<input type="checkbox"/> Heavy traffic	<input type="checkbox"/> Railway	<input type="checkbox"/> Farm
<input type="checkbox"/> Polluting business, industry	<input type="checkbox"/> Flood risk	<input type="checkbox"/> School
<input type="checkbox"/> High-voltage power line	<input type="checkbox"/> Workplace	<input type="checkbox"/> Services
<input type="checkbox"/> Easy transportation	<input type="checkbox"/> No back neighbour	<input type="checkbox"/> View
<input type="checkbox"/> Other		
15. Reasons for buying	<input type="checkbox"/> Quality/price ratio <input type="checkbox"/> Location <input type="checkbox"/> Architectural style	
	<input type="checkbox"/> For the land <input type="checkbox"/> Other	
16. Are you satisfied with your purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reservations	
17. Other comments		
18. Respondent's contact information	Name	
	Telephone	