

NO REGRETS MOVE™

Relocation Client Questionnaire

A professional-led questionnaire for households evaluating a relocation

This questionnaire is designed to be completed by the real estate professional using information provided by, or reviewed with, the client. A client may complete it independently when that is appropriate, but client completion is optional.

Record only information that is relevant to the housing and relocation planning conversation. Do not record unnecessary sensitive personal information, diagnoses, or information about protected characteristics.

Client or household reference	Prepared by
Date prepared	Brokerage or firm

Section 1 — The proposed move

Current location (city, state)

Proposed destination already identified by the client

Target move date or date range

Intended initial housing approach ☐ Buy ☐ Rent ☐ Temporary housing ☐ Not yet determined

What outcome is the move intended to achieve?

Which parts of the proposed move are confirmed, and which remain flexible?

Reminder: do not record unnecessary sensitive personal information in this section or elsewhere in this questionnaire.

Section 2 — Timing and housing dependencies

Required arrival date, employment date, lease deadline or other client-identified commitment

Must a current home be sold? ☐ Yes ☐ No ☐ Unresolved

Does an existing lease affect timing? ☐ Yes ☐ No ☐ Unresolved

May temporary housing be needed? ☐ Yes ☐ No ☐ Unresolved

Must financing, a home sale, employment or another event occur before a housing commitment?

What could cause the client to delay, modify or reconsider the current plan?

Section 3 — Employment, income and financial transition

Which expected income sources are confirmed to continue after the move?

Does any expected post-move income remain uncertain? If so, which?

Is the move employer-related? ☐ Yes ☐ No ☐ Unresolved

What employer relocation assistance has been confirmed?

Have destination housing costs been estimated? ☐ Yes ☐ No ☐ Unresolved

Which purchasing-power, commuting, tax, insurance, moving-cost or setup-cost assumptions require validation?

Which questions should be referred to a lender, financial planner, CPA/PFS practitioner, qualified tax professional, attorney, employer representative or another qualified professional?

The real estate professional should not provide regulated advice outside the professional's qualifications and role.

Section 4 — Household continuity and functional requirements

Use neutral, objective language. Record only what the client voluntarily identifies as relevant to relocation planning. Do not record diagnoses, protected-class information, demographic preferences or subjective community characterizations.

Has the client identified any education, healthcare, caregiving, accessibility, transportation or support arrangements that require transition planning or independent verification?

Are there specific destinations, services or functional requirements the client has identified as important to practical daily access?

Which arrangements must be confirmed before a housing commitment is made?

Section 5 — Destination familiarity

How has the client become familiar with the destination?

Which objective assumptions about housing, transportation, commute, services, climate or daily logistics remain unverified?

Has the client independently identified geographic boundaries for the search? If so, describe them.

Would renting first, visiting again or delaying a difficult-to-reverse commitment deserve consideration?

Geographic boundaries must be client-identified and objective. Do not select or rank areas using protected characteristics or proxies for them.

Section 6 — Decision readiness

Which assumptions should be verified before the client signs a lease, makes an offer, sells a current home or accepts another major commitment?

What information could materially change the current plan?

Unresolved item	Who is responsible	Needed by (date or decision point)

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How this questionnaire was prepared

Select one. These statements describe how the information was prepared. They do not indicate that the client approved any score, recommended stance, conclusion or decision to move.

- ☐ The professional completed the questionnaire using information provided by, or reviewed with, the client.
- ☐ The client completed the questionnaire and confirmed the information provided.

Signature	Date

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