

**househaven**

**ACCOUNTABILITY  
BUILDS BUSINESS**



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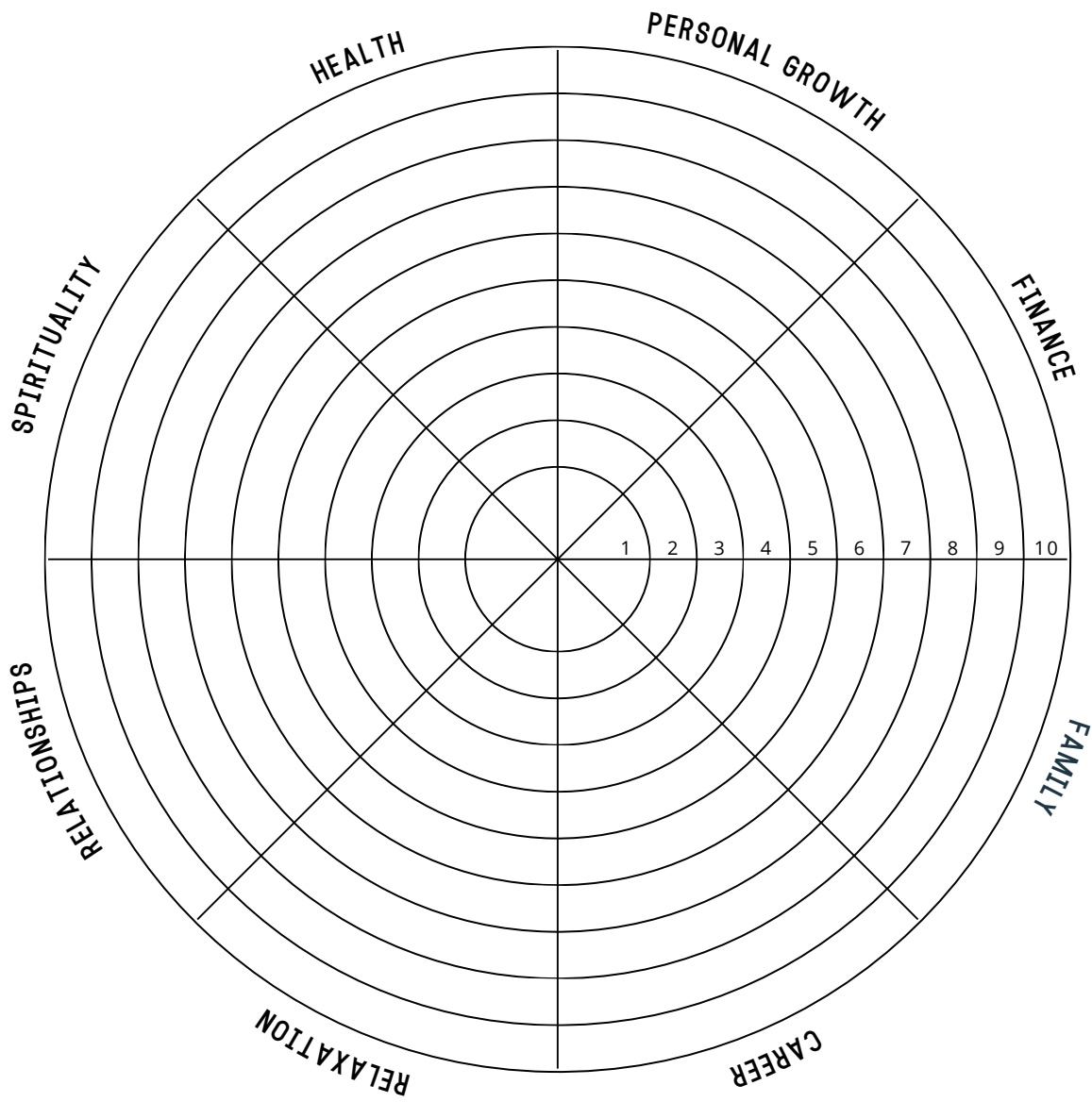
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# WHEEL OF LIFE



## PRIORITY CATEGORIES

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## NOTES

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# OWNING YOUR BUSINESS

**MISSION:**

**VISION:**

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**Tip:** Create a business plan that is authentic to you.

**IDEAL CLIENTELE**

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**YOUR BRAND**

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**SLOGAN**

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**COMPETITORS**

---

**FINANCIAL GOALS**

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**FUTURE PLANS**

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# SWOT ANALYSIS

<b>STRENGTHS</b>	<b>WEAKNESS</b>
<b>OPPORTUNITIES</b>	<b>THREATS</b>

# SMART GOALS

INSTRUCTIONS: FOR EACH GOAL, FILL IN THE DETAILS ACCORDING TO THE SMART CRITERIA. THIS WILL HELP ENSURE THAT YOUR GOALS ARE CLEAR, FOCUSED, AND ACTIONABLE.

<b>S</b>	<b>SPECIFIC</b>	<p><b>A. WHAT EXACTLY DO YOU WANT TO ACHIEVE?</b></p> <p><b>B. WHO IS INVOLVED OR RESPONSIBLE?</b></p> <p><b>C. WHERE WILL IT TAKE PLACE (IF APPLICABLE)?</b></p> <p><b>D. WHY IS THIS GOAL IMPORTANT?</b></p>
<b>M</b>	<b>MEASURABLE</b>	<p><b>A. HOW WILL YOU TRACK PROGRESS?</b></p> <p><b>B. WHAT ARE THE KEY PERFORMANCE INDICATORS (KPIs)?</b></p> <p><b>C. HOW WILL YOU KNOW WHEN THE GOAL IS ACCOMPLISHED?</b></p>
<b>A</b>	<b>ACHIEVABLE</b>	<p><b>A. IS THE GOAL REALISTIC GIVEN YOUR RESOURCES AND CONSTRAINTS?</b></p> <p><b>B. WHAT STEPS OR ACTIONS WILL YOU TAKE TO REACH THE GOAL?</b></p> <p><b>C. DO YOU HAVE THE NECESSARY SKILLS AND SUPPORT?</b></p>
<b>R</b>	<b>RELEVANT</b>	<p><b>A. DOES THE GOAL ALIGN WITH YOUR BUSINESS OBJECTIVES?</b></p> <p><b>B. WILL IT CONTRIBUTE TO YOUR LONG-TERM SUCCESS AND GROWTH?</b></p> <p><b>C. IS NOW THE RIGHT TIME TO PURSUE THIS GOAL?</b></p>
<b>T</b>	<b>TIME-BOUND</b>	<p><b>A. WHEN WILL YOU START WORKING ON THE GOAL?</b></p> <p><b>B. WHAT IS THE TARGET COMPLETION DATE?</b></p> <p><b>C. ARE THERE ANY MILESTONES OR CHECKPOINTS ALONG THE WAY?</b></p>

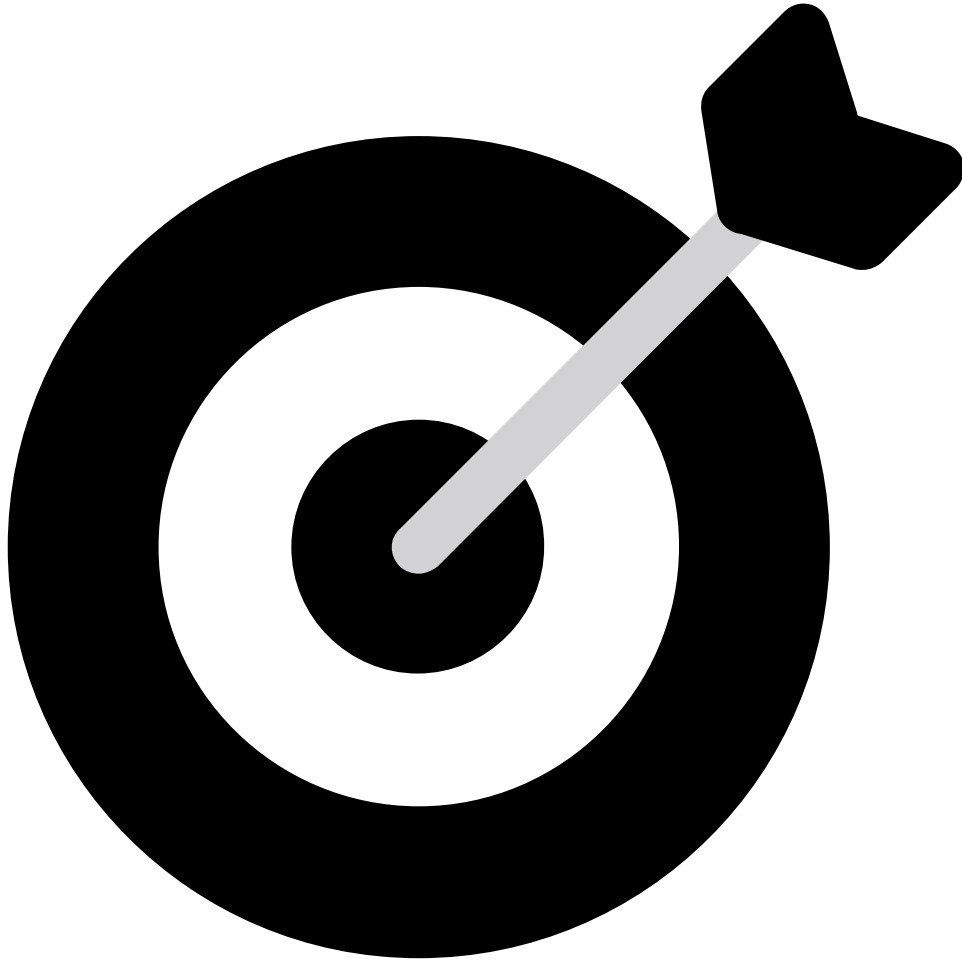
# SMART GOALS

GOAL:



<b>S</b>	
<b>M</b>	
<b>A</b>	
<b>R</b>	
<b>T</b>	

# SPHERE OF INFLUENCE



## HOW WILL YOU GROWN YOUR SOI

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_



# MONTHLY GOAL PLANNER

GOAL

ACTION STEPS
1 _____
2 _____
3 _____
4 _____
5 _____

MOTIVATION
_____
_____
_____
_____

GOAL

ACTION STEPS
1 _____
2 _____
3 _____
4 _____
5 _____

MOTIVATION
_____
_____
_____
_____

REWARD
_____
_____
_____
_____

# MONTHLY PLANNER

MONTH : .....

MON.      TUE.      WED.      THUR.      FRI.      SAT.      SUN.


# MONDAY

SCHEDULE	
7	
8	
9	
10	
11	
12	
1	
2	
3	
4	
5	
6	
7	
8	
9	
NOTES	

MAIN GOALS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

TO - DO	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

HABITS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

SELF CARE	

# TUESDAY

SCHEDULE	
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9	
NOTES	

MAIN GOALS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

TO - DO	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

HABITS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

SELF CARE	

# WEDNESDAY

SCHEDULE	
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9	
NOTES	

MAIN GOALS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

TO - DO	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

HABITS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

SELF CARE	

# THURSDAY

SCHEDULE	
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NOTES	

MAIN GOALS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

TO - DO	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____

HABITS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

SELF CARE	

# FRIDAY

SCHEDULE	
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NOTES	

MAIN GOALS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

TO - DO	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

HABITS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

SELF CARE	

# SATURDAY

SCHEDULE	
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9	
NOTES	

MAIN GOALS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

TO - DO	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

HABITS	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

SELF CARE	



# ACCOUNTABILITY MEETING NOTES

MEETING AGENDA

DATE :

ATTENDEES: .....

NOTES : \_\_\_\_\_

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## FOLLOW UP

- .....
- .....
- .....
- .....
- .....

# PILLARS OF LEAD GENERATION

LEAD GENERATION	
1	_____
2	_____
3	_____
4	_____
5	_____

HOW TO EXECUTE - 1
_____
_____
_____
_____
_____

HOW TO EXECUTE - 2
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HOW TO EXECUTE - 3
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HOW TO EXECUTE - 4
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HOW TO EXECUTE - 5
_____
_____
_____
_____
_____

# QUARTERLY REVIEW

JAN - MAR / APR - JUNE / JUL - SEP / OCT - DEC

MY BIG WINNINGS	
1	_____
2	_____
3	_____

MY BIG ACHIEVEMENTS	
1	_____
2	_____
3	_____

## HIGHLIGHTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LESSONS I LEARNED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT WORKED
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WHAT I'LL STOP DOING
_____
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_____

## IMPROVEMENTS TO MAKE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# QUARTERLY CHECKLIST

	Date
<input checked="" type="checkbox"/> Grew SOI by 25%	
<input type="checkbox"/> Updated your business plan. Are you on track? Are you behind?	
<input type="checkbox"/> Build/Adjust your daily schedule based on goals	
<input type="checkbox"/> Contacted 100% of Past Clients at least Once	
<input type="checkbox"/> Passive Pipeline Plan Executed and Created	
<input type="checkbox"/> Impacted My Business Forward	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	



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615.624.4766



5016 CENTENNIAL  
BLVD SUITE 200  
NASHVILLE, TN 37209

househaven 