



Client Contact Information Form

I work exclusively by referral with the desire to build long-term relationships with my clients. With patience and open frequent communication, I assist my client's needs before, during and after each real estate transaction. My goal is to help fulfill your dream of buying, owning and selling your home in a personal, relaxed yet professional manner. I promise to provide you with comprehensive market information and expert advice in a timely and supportive way.

Contact Information (Please complete contact information for each person)

Name: _____ Birthdate: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Where is the best place to contact you? Cell Home Work

Personal Email: _____ Work Email: _____

Which e-mail address do you prefer to use? Personal Work

Name: _____ Birthdate: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Where is the best place to contact you? Cell Home Work

Personal Email: _____ Work Email: _____

Which e-mail address do you prefer to use? Personal Work

During your transaction I may need to have documents delivered to you during the day at your work place for your signature. Please include any pertinent and / or required delivery information or instructions.



Information about your property

Timing

By when would you like to have your property sold? _____

Is this the first time you have sold a house? Yes No

Are you currently living in the property? Yes No

Are you needing to sell this property to qualify to buy the next one? Yes No

Financial

What is your desired price range? \$ _____ to \$ _____

Do you have a mortgage on the property? Yes No

Is this an investment property? Yes No

Is the property in a HOA? Yes No

Is the HOA mandatory? Yes No \$ ____ / month quarter year

Location

Property Address: _____ City: _____ State: ____ Zip: _____

Specifics

Type of home: Single Family House Condo/Townhome Duplex/Multifamily

Number of: Bedrooms _____ Full Baths _____ Half Baths _____

Living Rooms _____ Garage _____ Stories _____

Square footage: _____ Year Built: _____ Style: _____ Lot Size: _____

Condition: Nearly Perfect Needs Cosmetic Work Needs Work/Updating Fixer Upper

What do you like most about your property? _____

What do you dislike about your property? _____

List all special features about your property? _____

Other considerations _____

Utilities

Water Provider: City MUD PUD Other: _____

Sewer Provider: City MUD Septic Other: _____

Gas Provider: City Private: _____ None Other: _____