

SELLER QUESTIONNAIRE

SELLER INFORMATION:

First name

Last name

Home address

City, state, zip

Home phone

Cell phone

E-mail

Preferred method

PHONE

CELL

EMAIL

Preferred time:

AM

PM

PROPERTY INFORMATION

Street address

City

State

Zip code

Apartment, suite, unit

County

SELLING & LISTING PRICE

Reason for selling?

When do you want to sell by?

Do you know what your home may be worth on the market?

Do you want a market analysis?

DETAILS

Bedrooms How many

Bathrooms How many

Approximate square feet

HOA Yes No

What Are the Amenities?

Garage Yes No

How many spaces?

Where will you move to?

Do you need to rent back from the buyers?

Are you pre-approved for a loan on replacement?

Do you have pets?

OTHER INFORMATION:

Is your home currently rented? Yes No

Lease expiration?

Monthly rent:

NOTES:
