PURCHASER QUESTIONNAIRE

Please complete this questionnaire and submit it to me.

Purchaser One

Last Name	First Name	
Birthday (Month and date only) / Home #	Cell #	
Social Security #		
Home Address		
City State	ZIP	
Purchaser Two		
Last Name	First Name	
Birthday (Month and date only) / Home #	Cell #	
Social Security Number		
Home Address		
CityState	ZIP	
Preferred Email		
Purchaser Three		
Last Name	First Name	
Birthday (Month and date only) / Home #	Cell #	
Social Security Number		
Home Address		
CityState	ZIP	
Preferred Email		
If there are additional Purchasers/Borrowers, please provide on an additional sheet.		
Who would you prefer me to use as the main cont	act?	
When do you need to be out of your current home	e?	

FINANCIAL INFORMATION

<u>Mortgage Company</u>
Name of Lender
Contact Person/Loan Officer
Phone Number
Are you utilizing any program to provide a deposit or closing cost?
☐ Yes ☐ No
Do you authorize me to order title Insurance and settlement services? (billed by provider)
☐ Yes ☐ No
Do you authorize me to order a survey of the property? (billed by provider)
☐ Yes ☐ No
PROPERTY INFORMATION
Address of property
Type of Residence
Bedrooms Bathrooms Living Space (Sq. Ft) Lot Size (Sq. Ft)
Pool?
Septic?
Well water?
Propane?
Type of Garage? Attached Not Attached 1 Car 2 Car 3 Car OTHER
HOA Association Yes No
Does it have solar, are they \square Leased \square Owned \square PPA (Purchase Power Agreement)
Are there any additional special features that make your home or this transaction unique?

Marital History

Marital status
Date of Marriage
Maiden Name
Does anyone else have an interest in the property through spousal/ marital/civil union or
Homestead rights?
Do you have any additional questions or comments?