

SELLER QUESTIONNAIRE

Please complete this questionnaire and submit it to me.

Seller One

Last Name _____ First Name _____

Is this your primary residence ? ☐ Yes ☐ No

Is it a rental? ☐ Yes ☐ No If yes, what is the current rent? _____

Is a tenant living in residence? ☐ Yes ☐ No When is lease up? _____

Birthday (Month and date only) ____ / ____ Home # _____ Cell # _____

Social Security # _____

Home Address _____

City _____ State _____ ZIP _____

Preferred Email _____

Seller Two

Last Name _____ First Name _____

Birthday (Month and date only) ____ / ____ Home # _____ Cell # _____

Social Security Number _____

Home Address _____

City _____ State _____ ZIP _____

Preferred Email _____

Who would you prefer me to use as the main contact? _____

What are your plans when your property sells?

Provide forwarding address long term & short term _____

How long have you lived in your home? _____

When do you plan to move out of your home? _____

FINANCIAL INFORMATION

1st Mortgage

Name of Lender _____

Phone Number _____

Account Number _____

Are your payments current? ☐ Yes ☐ No

2nd Mortgage

Name of Lender _____

Phone Number _____

Account Number _____

Are your payments current? ☐ Yes ☐ No

Home Equity o Lines of Credit

Name of Lender _____

Phone Number _____

Account Number _____

Are your payments current? ☐ Yes ☐ No

Do you own your home free and clear? ☐ Yes ☐ No

Please provide Deed, Title Insurance Policy and Survey if available.

Type of Residence ☐ Single Family ☐ Townhome Age of Home _____

Bedrooms _____ Bathrooms _____ Living Space (Sq. Ft) _____ Lot Size (Sq. Ft) _____

Pool? ☐ Yes ☐ No

Type of Garage? ☐ Attached ☐ Not Attached ☐ 1 Car ☐ 2 Car ☐ 3 Car OTHER _____

HOA Association ☐ Yes ☐ No If yes, cost _____ Are you current ☐ Yes ☐ No

☐ Paid Monthly ☐ Paid Quarterly ☐ Paid Yearly

HOA Contact Information _____

If you have solar, is it ☐ Leased ☐ Owned ☐ PPA (Purchase Power Agreement)

Please attach contact information for Solar

Are there any additional special features that make your home or this transaction unique? _____

Marital History

Date of Marriage _____

Maiden Name _____

Did Marriage end:

☐ Divorce

☐ Death

Provide final judgement

Provide Death Certificate

Do you pay child support

☐ Yes

☐ No

Provide Statement of Account from Probation

Please provide copies off all divorce paperwork.

Miscellaneous

Are you aware of any:

Liens on the property (excluding mortgage)

☐ Yes

☐ No

Added Tax Assessments

☐ Yes

☐ No

Added HOA Assessments

☐ Yes

☐ No

Open Permits

☐ Yes

☐ No

Encroachment/Easement

☐ Yes

☐ No

Have you had a recent home inspection, pest inspection, or chimney inspection? ☐ Yes ☐ No

If yes, when and with which inspectors? _____

Do you have any additional questions or comments? _____
