



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



Preferences for your new home

Timing

When would you like to move into your new home? _____

Is this your first home purchase? Yes No

Do you currently own a home? Yes No

Do you need to sell your current home to qualify to buy the next one? Yes No

Financial

What is your desired price range? _____

Are you a cash buyer? Yes No

Do you require financing? Yes No

Likely amount of your down payment (\$ or %)? _____

Monthly mortgage payment range? _____

Are you a veteran of any kind? Yes No

Location

What areas are you interested in? _____

Specific cities, school districts, subdivisions? _____

To what locations do you commute? _____

What driving time is acceptable? _____

Specifics

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

Number of: Bedrooms _____ Full Baths _____ Half Baths _____

Living Rooms _____ Garage _____ Stories _____

Square foot range: _____ Year Built Range: _____ Home Type: _____

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

What do you like about your current home? _____

What do you dislike about your current home? _____

Special features you are looking for? _____

Other

Other people living at the home (ages, if children): _____

Pets/animals the home must accommodate: _____

Hobbies: _____