

# Buyer Information

## Primary Contact

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Preferred Contact Method:

Email       Call       Text

## Secondary Contact

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Preferred Contact Method:

Email       Call       Text

What is your motivation for buying now? \_\_\_\_\_

Do you have a property to sell?  Yes  No    Are you renting  Yes  No    When is your lease up \_\_\_\_\_

Are you relocating or do you live here? \_\_\_\_\_

Relocating from where? \_\_\_\_\_

Is there a Relo Company  Yes  No    Fee? \_\_\_\_\_

Where do you want to live? \_\_\_\_\_

Have you ever bought a home before?  Yes  No

When you dream of buying a home, what do you dream of \_\_\_\_\_

Have you driven by or seen anything you have liked? \_\_\_\_\_

In what price range are you most comfortable? \$ \_\_\_\_\_ (min) to \$ \_\_\_\_\_ (max)

What is your **TOP** priority for your new home? \_\_\_\_\_

When do you want to be in your new home? \_\_\_\_\_

What type of neighborhood amenities are you looking for? \_\_\_\_\_

Property Type:	<input type="checkbox"/> Condo	<input type="checkbox"/> Townhome	<input type="checkbox"/> Detached Home with Yard	
New Construction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____ (yrs)    Size: _____ (sqft)	
Living Space:	# Bedrooms _____	<input type="checkbox"/> Formal Living Room	<input type="checkbox"/> Home Office	<input type="checkbox"/> 1 <sup>st</sup> Floor Master
	# Baths _____	<input type="checkbox"/> Formal Dining Room	<input type="checkbox"/> Bonus Room	<input type="checkbox"/> Garage _____ (cars)

Interior Features: \_\_\_\_\_

Exterior Features: \_\_\_\_\_

Have you spoken to a lender?  Yes  No    Who: \_\_\_\_\_

Loan Status:  Cash  Approved  Pre-Qual  Other

Do you have Money for a down payment:  Yes  No    How Much? \_\_\_\_\_

May I have one of our top lenders call you for a second opinion?  Yes  No \_\_\_\_\_

Lead Source \_\_\_\_\_    Referral Thank You:  Yes  No

Additional Notes: