

Date:	
PROPERTY INFORMATION FORM	<i>Please do not leave any question unanswered. If a question does not apply, please place "N/A" in the space provided.</i>

OWNER CONTACT

Name:	
Mailing Address:	
City, State, Zip	
Phone:	

PROPERTY INFORMATION

Address:			
City, State, Zip			
Year Built?		Sq. Footage?	
# Bedrooms?		Owner Occupied?	
# Baths?		Rental?	
Garage?		Vacant? If so, how long?	
Current Rent:		Market Rent?	
Special Features?			
Reason for Selling?			

OWNER NEEDS

Preferred lease term (before sale)?	
First Mortgage Balance?	
Second Mortgage Balance?	
Monthly Mortgage Payment(s)?	
Prepayment Penalty on Mortgage?	
Market Value of Property?	
Determined By:	<input type="checkbox"/> Appraisal <input type="checkbox"/> Best Guess <input type="checkbox"/> Realtor
If your property qualifies for this program, would you be willing to sign a lease with us TODAY?	<input type="checkbox"/> Definitely <input type="checkbox"/> Maybe <input type="checkbox"/> No

COMMENTS:

Please fax to: (619) 330-1884. You will be contacted shortly.