

Date:	
SELLER 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 number(s):	
Email:	

PROPERTY INFORMATION

Address:			
City, State, Zip			
Year Built?		Sq. Footage?	
# Bedrooms?		Owner Occupied or rental?	
# Baths?		# Days on Market?	
Garage?		MLS # (if applicable)	
Special Features?			
Reason for Selling?			
Property Status	<input type="checkbox"/> FSBO <input type="checkbox"/> Listed w/Realtor <input type="checkbox"/> Open listing <input type="checkbox"/> Other		

OWNER NEEDS

First Mortgage Balance?	
Second Mortgage Balance?	
Prepayment Penalty on Mortgage?	
Are you willing to pay up to 3% towards buyers closing costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current appraisal (two months or less)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your property qualifies for this program, would you be willing to sell your home TODAY?	

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