

# PURCHASER QUESTIONNAIRE

Please complete this questionnaire and submit it to me.

## ***Purchaser One***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Email \_\_\_\_\_

## ***Purchaser Two***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthday (Month and date only) \_\_\_/\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Email \_\_\_\_\_

## ***Purchaser Three***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthday (Month and date only) \_\_\_/\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Email \_\_\_\_\_

If there are additional Purchasers/Borrowers, please provide on an additional sheet.

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

When do you need to be out of your current home?  
\_\_\_\_\_

## FINANCIAL INFORMATION

### Mortgage Company

Name of Lender \_\_\_\_\_

Contact Person/Loan Officer \_\_\_\_\_

Phone Number \_\_\_\_\_

Are you utilizing any program to provide a deposit or closing cost?

Yes       No

Do you authorize me to order title Insurance and settlement services? (billed by provider)

Yes       No

Do you authorize me to order a survey of the property? (billed by provider)

Yes       No

## PROPERTY INFORMATION

Address of property \_\_\_\_\_

Type of Residence     Single Family     Townhome     Condominium     Multifamily

Age of Home \_\_\_\_\_

Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Living Space (Sq. Ft) \_\_\_\_\_ Lot Size (Sq. Ft) \_\_\_\_\_

Pool?       Yes       No

Septic?       Yes       No

Well water?       Yes       No

Gas or Oil Heat? \_\_\_\_\_

Propane?       Yes       No

Type of Garage?  Attached  Not Attached  1 Car  2 Car  3 Car OTHER \_\_\_\_\_

HOA Association  Yes  No

Does it have solar, are they  Leased  Owned  PPA (Purchase Power Agreement)

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

## **Marital History**

Marital status \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Maiden Name \_\_\_\_\_

Date of Divorce/Separation/Marital Separation Agreement (provide copy) \_\_\_\_\_

Does anyone else have an interest in the property through spousal/ marital/civil union or Homestead rights? \_\_\_\_\_

Do you have any additional questions or comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has deposit been made? \_\_\_\_\_

To whom was deposit forwarded (provide copy of deposit check)? \_\_\_\_\_