

SELLER'S QUESTIONNAIRE

DATE: _____ TIME: _____ BY: _____ REFER TO: _____

Mapping: Info & Map Tax Data# _____ MLS History# _____
 Land Aerial Photo# _____ Land Topo Map# _____ AS Built _____
 Appraisal _____

NAME: _____ PHONE NUMBER: _____

PROPERTY ADDRESS: _____ E-MAIL: _____

WHO REFERRED YOU TO US? _____

ARE YOU PLANNING TO CONTACT ANY OTHER REALTOR? IF SO, WHO? _____

HAVE YOU TRIED TO SELL THE PROPERTY BEFORE? IF SO HOW? _____

TYPE OF PROPERTY _____

WHEN DID YOU PURCHASE THE PROEPRTY? _____ HOW MUCH DO YOU OWE? _____

WHAT DO YOU THINK YOUR PROPERTY IS WORTH? _____

DO YOU HAVE AN APPRAISAL? _____ WHY DO YOU WANT TO SELL _____

WHEN DO YOU WANT TO HAVE THE PROPERTY SOLD? _____

Year Built?				
# Beds	# Beds	Living Sq Ft	Garage Sf Ft.	# Cars
IF Condo, HOA		Monthly Dues:\$	Yearly Dues: \$	
How much Land?		Foundation type?		Siding?
Roof Type?		Roof Age?		Roof Condition?
Public Utilities:		Well:	Holding Tank	Septic System
Do you live in the Property YES		No	If rented / Rented Now? Yes Not	
Leased as: Mo to Mo		Lease / How long?		Other?
Tenants living there now?				
Special features:				
Notes:				

Appointment:

What is the best day for us to meet: Day: _____ Time: _____

Alternate Date: _____ Time: _____

Appointment Date and Time Set for: _____