



LGBT Housing Initiative Contact/Deal Sheet

LGBT Initiative Client Name: _____ Phone: _____

Property Address: _____

MLS #: _____ MLS used for the sale: _____

KWRN Realtor: _____ License #: _____

Phone: _____ Email: _____

Brokerage: _____

Address: _____

Contract Date: _____ Transfer Date: _____ Possession Date: _____

Sales Price: _____ Total Commission %: _____

Will the contribution be sent to us by the title company or the Brokerage or the Agent?

Total Amount back to client (20% of Agent's Commission): _____

Total amount towards LGBT Housing Initiative (5%): _____

Does the client want to contribute any of their 20% to the LGBT Housing Initiative? If so, please state the amount of the donation: \$ _____

Lead Source: Personal LGBT Housing Initiative

Client will receive their funds within 10 days of closing, provided that we receive the funds within 5 days after closing.

PLEASE SEND COPY OF THIS COMPLETED DOCUMENT TO ADMIN@LGBTHOUSINGINITIATIVE.COM