BUYER Quéztionnaire

CONTACT INFO	
BUYER Name Phone Email Address City Preferred method Email Call Text Preferred time Morning Afternoon Evening Weekends Between and	CO-BUYER Name Phone Email Address City Preferred method Email Call Text Preferred time Morning Afternoon Evening Weekends Between and
FINANCING	
Are you a first-time home buyer? ☐ Yes ☐ No Do you need financing? ☐ Yes ☐ No	What price range are you considering?
Have you been pre-approved? ☐ Yes ☐ No	What down payment amount is comfortable?
Are you currently selling your home? ☐ Yes ☐ No	
Could you make an offer now? ☐ Yes ☐ No	Your ideal move in date
LENDEI	
Name	Email
Phone	Approved for \$
HOME REQUIREMENTS	
Home type	Townhouse
# of Bedrooms # of Bathrooms	Must have features
Other	
CHOM	UNICC
SHOWINGS	
Which days are you available for showings? \square Mon \square Tues \square Wed \square Thurs \square Fri \square Sat \square Sun	

Yes No

Are you open to virtual tours?