

SELLER *Questionnaire*

CONTACT INFO

SELLER

Name _____
Phone _____
Email _____
Address _____
City _____

CO - SELLER

Name _____
Phone _____
Email _____
Address _____
City _____

Preferred method ☐ Email ☐ Call ☐ Text
Preferred time ☐ Morning ☐ Afternoon
☐ Evening ☐ Weekends
☐ Between ____ and ____

Preferred method ☐ Email ☐ Call ☐ Text
Preferred time ☐ Morning ☐ Afternoon
☐ Evening ☐ Weekends
☐ Between ____ and ____

SELLING INFO

Reason for selling _____
Intended sale date _____
Intended sale price _____
Listing price _____

Looking to buy another house ☐ Yes ☐ No
Do you have a mortgage ☐ Yes ☐ No
Mortgage amount owed _____
Mortgage monthly payment _____

THE HOME

Address _____
Home Type ☐ Single Family ☐ Multi Family ☐ Townhouse ☐ Condo ☐ Land
Floors _____ Sq ft _____ Bedrooms _____ Bathrooms _____ Garage Spaces _____
HOA ☐ Yes ☐ No Frequency ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually
Fee _____

FEATURES & UPGRADES

Best days for viewings _____ Best dates for open house _____