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SALE INTAKE FORM

	Party #1		Party #2
Name(s) of Owner(s)			
(incl. middle names)			
Birthdate(s)			
Current Address			
Forwarding Address			
Post-Closing			
(Are you purchasing			
this property, and is			
our Firm representing			
you?)			
Current Phone No.:			
E-mail Address:			
Spousal Status: If married, list spouse's name			
Occupation:	Job Title:		Job Title:
	Employer Name:		Employer Name:
	Employer Address:		Employer Address:
	Work Phone No.:		Work Phone No.:
Are all parties Canadian Citizens or a permanent resident of Canada?			
Are any of the parties a	Non-Resident of Canada, or will any		
of the parties be a Non-Resident of Canada at the time of closing? If yes, list party.			
Will you be moving outside of Canada following the sale of			
the property?			
Property Tax Informatio	n		
Note: Please forward a c	opy of the tax bill by email and		
advise our office if you p	ay via preauthorized payments or as		
part of your mortgage.			
If Condominium,			
Monthly expense fee is:			
Management company contact:			
Is the property heated by gas or oil? If oil, please provide provider contact			
Do you occupy the property as your principal residence or is			
it tenanted?			
If tenanted, please provide name of tenant(s), phone			
number(s), start date of tenancy, rental amount for each			
tenant, any prepaid rent, has prepaid rent been paid to			
tenant(s), if so when, who is responsible for utilities.			
Do you presently have a mortgage or secured line of credit If		If yes:	
registered against the property?		Institution Name:	
		Reference or Account Number:	
Will any party be out of town during or near the closing date? If yes, provide dates.			
Does any parties own property near the subject property? If yes, list address.			
Have you conducted any renovations to the property during your ownership? If yes, provide details.			
Is any person signing documents under Power of Attorney?			
Note: Please provide a copy of the power of attorney.			
Please ensure to cancel your fire insurance ONE BUSINESS DAY AFTER SCHEDULED DAY OF CLOSING			
Please provide us with s	cans of two pieces of ID – one of whic	h must b	e photo ID. For example, driver's licence, passport,
	, citizenship card, permanent resident		