



Initial Client Questionnaire

Name(s): _____

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

Current Address: _____

Email: _____

How long have you been at your present address? _____ year(s) _____ month(s)

When does your present lease expire (if renting)? _____

Have you ever owned a house before? _____ yes _____ no

When do you have to move? _____

Why are you moving? _____

Do you currently rent or own? _____ rent _____ own

How much is your current rent / mortgage? _____

What does it include? _____

What is the maximum monthly payment you could afford towards your new home? _____

What is your combined gross household income (before any deductions)? _____ Per Month _____ Per Year

How much have you saved up towards the purchase of your new home? _____

If no down payment, do you have anything else of value? _____ yes _____ no

How is your credit? _____ good _____ bad _____ don't know

What is your credit score now (if known)? _____

Have you ever been through a: *(check all that applies)* _____ bankruptcy _____ foreclosure _____ proposal

What part of town are you looking to own in? _____

How many bedrooms/bathrooms do you need? _____ bedrooms _____ bathrooms

How many people will be living in your home? _____ adults _____ teens

_____ children _____ pets

What else may be important to you in your home?
(For example: garage, deck, etc.) _____