

Seller Questionnaire

Seller Information

Seller 1: _____ Seller 2: _____
Phone: _____ Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____
Address: _____ City: _____ Zip: _____

Mortgage Information

First Mortgage: _____ Second Mortgage: _____
Loan #: _____ Loan #: _____
Balance: _____ Balance: _____
Monthly Payment: _____ Monthly Payment: _____
Contact: _____ Contact: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____

Property Information

Bedrooms: _____ Baths: _____ Square Feet: _____ Lot Size: _____ Pool: yes / no

Circle One: Owner Occupied / Renter Occupied / Vacant

What was the last appraisal date? _____ Estimated Appraisal Value: _____

House Condition:

What caused you to fall behind on your payments?

Other Liens/Questions

Other Liens?: yes / no Amount Owed: _____ Describe: _____

Code Violations?: yes / no Describe: _____

Taxes Escrowed?: yes / no Do you owe back taxes?: yes / no Amount Owed: _____

Homeowners Association?: yes / no Current?: yes / no Amount Owed?: _____ Dues: _____