

The Vendor/Property Qualifying Questionnaire

Property Description

- How long have you owned/lived in this property? _____
- How old is this house? _____
- What major improvements have you made on this home? _____

- What is the size of the lot? _____
- What parking facilities are there?

| | | |
|-------------------|-------------------|--------------------------|
| On-site: -Garage | -Automatic opener | <input type="checkbox"/> |
| | -None | <input type="checkbox"/> |
| -Carport | | <input type="checkbox"/> |
| -Driveway | | <input type="checkbox"/> |
| Off-site: | | |
| -Permits required | | <input type="checkbox"/> |
| -No permits | | <input type="checkbox"/> |
- What landscaping improvements have you made? _____
 When? _____
 Professional landscaping? _____
- How old is the roof? _____
- Type of construction:

| | |
|---|--|
| <input type="checkbox"/> Brick | <input type="checkbox"/> Sliding-type _____ |
| <input type="checkbox"/> Stone | <input type="checkbox"/> Other-specify _____ |
| <input type="checkbox"/> Concrete Block | |
- Bedrooms: (total) _____
 1st floor: # _____
 2nd floor: # _____
 Other: # _____
- Bathrooms: (total) _____
 1st floor: # _____
 2nd floor: # _____
 Other: # _____

| | | |
|--|--|--|
| | | |
| | | |
| | | |

 Renovations: _____

- Kitchen:

| | |
|------------------------------------|---|
| <input type="checkbox"/> Renovated | Y <input type="checkbox"/> N <input type="checkbox"/> Comment _____ |
| <input type="checkbox"/> Eat-in | Y <input type="checkbox"/> N <input type="checkbox"/> Comment _____ |

| Appliances | Remain | Age | Comment |
|-------------|--------------------------|-------|---------|
| Fridge | <input type="checkbox"/> | _____ | _____ |
| Stove | <input type="checkbox"/> | _____ | _____ |
| Dish washer | <input type="checkbox"/> | _____ | _____ |
| Microwave | <input type="checkbox"/> | _____ | _____ |

Giving Starts The Receiving Process

This is not intended to solicit properties listed for sale.