Seller Intake Sheet										
Client Contact In	forma	tion								
Name(s) on Title										
Title Vesting (If Trust, documents req'd)										
Property Address										
Mailing Address										
Contact Info: Phones										
Emails					Tues				_	
,						<u>Wed</u>	<u>Thur</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
Enter hours below each availbable day. e.g. 9a-5p										
Property Status										
Previously Listed?			yes		no					
•	Previous Listing Broker/Agent									
Copy of Cancelled Listi		yes		no						
Name(s) of Excluded Buy	•		-							
Type of Sale										
Probate Authority										
Attorney										
Attorney Contact										
Insurance Claims: what	/when	*All insu	urance cla	aims mus	st be disc	losed on	the Selle	r Propert	ty Questi	onaire
Do you currently have i	e on the	property	y?		yes		no			
Insurance Agent										
Monthly Premium: \$										
Is there a business com	to the p	roperty?			yes		no			
Describe business										
Home Informatio	n									
		V D								
Year Built			emodele							
Sq. Ft			Lot Sq.Ft./Acre							
no. of Beds		no. of Baths Family Rm				Breakfast Rm				
Living Rm	yes	·			yes				yes	
Laundry Rm	yes	Laundr	y Closet		yes	Firepla	ce: Rms			
Extra Rooms		0 1								
Garage/#Cars Smart Home Te Skylights Energy Saving I										
Skylights			_	reature		n with O	(OD			
Kitchen Appliances	Range OR Cooktop with Oven						-) -			
Appliance Fuel Type	(indicate gas, electric, induction):									
Wine Refrigerator	yes Other Appliances									

Items to be included/excluded from the sale											
Improvements (Receipts, Invoices, Warranties)											
Property Informa	tion										
Describe or check all th											
Views											
Sprinklers	Outbuildings		Fencing			Guest	House				
Tennis Court	Add. garage(s)	dd. garage(s) Pool			Spa						
Workshop	Shed		Greenhouse		Veg. G	arden					
Dog Run	RV Parking		Trails								
Equestrian	Barn: # stalls	Barn: # stalls Stables			Riding	Ring(s)					
Additional information (a	add below)										
Utilities / Accesso	ories					_					
Electrical Provider	Avg. monthly \$										
Propane Provider	Avg. monthly \$										
Water Provider	Avg. monthly \$										
Sewer Provider	Avg. monthly \$										
Trash Provider		-	Avg. monthly \$								
Solar Provider							monthly \$				
Alarm Service						_	. monthly \$				
Water Softener							onthly \$				
Propane	owned		leased		not appl	icable					
Solar	owned		leased		not applicable						
Alarm / Security	owned		leased		not applicable						
Water Softener	owned		leased		not applicable						
A avec are a valor	wantiaa fan all	Lawa	- :- :4! :	4	fo mino e	: 415		a4			
Agreements, War	ranties for all	ame	enities	trans	Terring	with	prope	τy			
Describe (below):											
HOA Name							hone				
HOA Name HOA Fees	HOA Phone Paid (when)										
HOA FEES						raiu (W	/11 C 11)				

Included in HomeToHome's Tool Box



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