

Questionnaire

This questionnaire is designed to establish what is important to you. The attached informational forms will assist us in building an initial hypothetical purchase model and a time line for you.

To get the exploratory process started please complete and return to us the questionnaire and purchaser information forms. (FX) (703) 281-1988 or (email) teamkuyk@gmail.com. Upon receipt we will contact you to set up an initial meeting time.

1. Current home loan(s) balance (if applicable) and projected net proceeds at closing?
2. Prioritized reasons for moving?
3. Prioritized top 6 features required?
4. Location – postal address or zip codes?
5. Max commute time?
6. Ideal/preferred moving date?
7. Lease expiration date? Number of days notice to terminate?
8. Preferred type of financing?
9. Your credit score(s)?
10. Anticipated range (high and low) of new home's purchase price?
11. Important interests-place of worship, hobbies, children's sports, other?.
12. Source, amount and location of cash?
13. Maximum amount of cash available to purchase real estate?
14. Three 90-minute time slots you are available to meet? *Note-we will need 72 hrs to create your model after receipt of your paperwork
15. Any other important factors, concerns and questions you may have?
16. Search online for listings, and send us MLS#'s of three example homes.

In preparation for our meeting we recommend you visit our website at www.kuykendallassociates.com and review our documents in Our Process and Testimonials pages. There are other interesting sections of our site you may find informative.

Regards,

Kurt, Kristofer and Shawn Kuykendall
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Kuykendall and Associates
0)703-648-1870 x71
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BUDGETARY ANALYSIS

_____ GROSS ANNUAL INCOME (ALL SOURCES)
_____ GROSS MONTHLY INCOME
_____ FEDERAL & STATE WITHOLDINGS-MONTHLY
_____ FICA/RETIREMENT - 401K'S, ETC
_____ PERSONAL PROPERTY TAXES
_____ DISCRETIONARY SPENDING-POCKET \$,EATING OUT
_____ RENT/MORTGAGE (CIRCLE ONE)
_____ UTILITIES (ELEC,GAS,WATER ONLY)
_____ MEDICAL (DENTAL,MED,HOSPITAL)
_____ GROCERIES/HOUSEHOLD PRODUCTS
_____ AUTO LOAN(S) & BALANCE(S)
_____ GASOLINE
_____ MAINTENANCE COSTS (CARS,APPLIANCES,ETC.)
_____ INSURANCE'S (AUTO,HEALTH,LIFE - MONTHLY)
_____ TITHE/CHARITIES
_____ CLOTHING
_____ MISC-VACATIONS, GIFTS, HOLIDAYS,ETC.
_____ OTHER
_____ OTHER
_____ OTHER
_____ TOTAL MONTHLY EXPENSES
_____ **NET INCOME (EXCESS AFTER EXPENSES)**

PURCHASER INFORMATION

Name _____ Soc. Sec# _____

Name _____ Soc. Sec# _____

Address _____ Martial Status _____

Telephone #'s: Home _____ Cells _____ Email _____

Employer (1) _____ Office # _____ Email _____

Employer (2) _____ Office # _____ Email _____

Annual Income (base salary) \$ _____ Present Mortgage Payment
Or Rent (Circle One) \$ _____

Spouse's Income (base salary) \$ _____

Over, comm, bonus Income \$ _____

(2 year average on tax forms)

Other Income \$ _____

Total Annual Income \$ _____

Gross Monthly Income:
\$ _____

Gross Monthly Expenses:
\$ _____

Net Monthly Income
(Excess after expenses): \$ _____

**Taxes? Currently over
or under withheld?:** \$ _____

Are there any other financial/credit conditions not listed above that might affect your ability to obtain financing? (Bankruptcy, Lien, Judgements, Credit History, Etc.) Yes ___ No ___
(If yes please explain) _____

ASSETS

Cash Available to purchase	\$ _____
Real Estate	\$ _____
Stocks,Bonds,401K	\$ _____
Real Estate (Market Value):	\$ _____
NET Funds from sale (if applicable)	\$ _____
Gift money	\$ _____
Totals	\$ _____

DEBTS

	Monthly	Balance
Auto	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
All Charge Cards	\$ _____	\$ _____
All Other Debts	\$ _____	\$ _____
Totals	\$ _____	\$ _____