



Buyer DNA

CERTIFIED DISTRESSED
PROPERTY EXPERT®

Date: _____ Client Name(s): _____

Client E-mail: _____

Home Phone: _____ Cell Phone: _____

Current Address: _____

Are you currently working with a real estate agent? Yes No

Do you currently rent or own? _____

If renting, when does lease expire? _____

Is a month to month lease an option: _____

DESIRE:

Property Search

Purchase Range from : _____ to: _____

Property Type (SFAM, Duplex, TNHS, Condo, Land, other): _____

Property Age: _____

Location/Sub/Area: _____

Bed/Bath: _____

Garage/Parking: _____

Amenities: _____

NEED:

Time frame for closing? _____

Number of floors/stairs/access requirements: _____

Amenities: _____

Notes: _____

ABILITY:

If own, do you need to sell your current property? _____

Have you been preapproved? _____

If yes, what lender? _____

Lender contact & phone _____

Pre approval amount: _____

Type of loan: _____

Down payment amount: _____

Closing cost assistance: _____

Notes: _____
