CLIENTMEETING INFO

How did you hear about us?					
If referred from a past client					
Are you currently working w)	Partner/Spouse			
Name:		_ Name	Name:		
Email:		_ Email	Email:		
Phone:		– Phone	e:		
Preferred Contact: CALL	EMAIL TEXT	Prefe	Preferred Contact: CALL EMAIL TEXT		
Current Address:					
Do you own the home or are yo	ou renting?	lf ye	es do you ne	ed to sell th	nis home? ☐ YES ☐ NO
Do you have a current lease			ase?		
Is this your first home purcha	ase?				
What is the ideal timeframe					
How long do you plan on sta	aying in the hom	ne?			
Who else will be living in the	home?				
Name:	Age:		Name: _	Name: 🗆	
Name:	Age:		Name: _	Name:	
Name:	Age:		Name:		DOG CAT
Have you met with a lender?	? YES NO W	/hom? _			
If not, we prefer that you ge	et pre-approved	before	our meetin	g.	
Can we send you someone	to contact?	ES NO			
We would like to set an app get started.	ointment in per	rson or l	by Zoom to	answery	our questions and
What works for you?	☐ IN-PERSON ☐ ZOOM	D	ATE	TIME	

