



Seller Intake Sheet

Date: _____	Lead Generator: _____	Property Type: R C VL O
Assigned to: _____		
Referral Fee: Y/N	To Whom? _____ %	Ph. _____

Prospect: _____ Spouse: _____

Address: _____

City: _____ Zip: _____ Preference: Phone / Email

Home Phone: _____ Work: _____

Cell: _____ Spouse Cell: _____

Email: _____

Is the property address the same as your mailing address? **Y/N**

If NO, _____

How long have you owned your home? _____ Why are you selling? _____

Moving to? _____ When do you need to be there? _____

Need Agent? **Y/N** Provided contact info for: _____

The Basics:

Bedrooms: _____ # Baths: _____ Age: _____ Style: _____

Subdivision: _____ Garage: _____

Square feet: _____ Lot size: _____ Septic: Y / N obtained: _____

Special features & Amenities: _____

Updates last few years? **Y/N** If YES, what? _____

Rate your house 1-10 _____ 3 Favorite Things: _____, _____, & _____

What would be an acceptable selling price to you? _____

What do you owe? (1st) _____ (2nd) _____

How did you hear about us? _____

What are three things you are looking for in a Realtor?

1 _____ 2 _____ 3 _____

Have you or are you going to talk with any other agents? **Y/N**

Post visit: Phone call _____ Personal Note _____ 2-week checkup calendared _____