Real Estate Client Information Sheet PDF

Client Information

•	Full Name:		
•	Date of Birth:		
•	Address:		
•	Phone Number:		
•	Email Address:		
•	Preferred Contact Method (Phone/Email):		
•	Occupation:		
•	Company Name (if applicable):		
Prope	erty Preferences		
•	Property Type (House/Apartment/Commercial):		
•	Preferred Location:		
•			
•	Number of Bedrooms:		
•	Number of Bathrooms:		
•	Preferred Features (Check if applicable):		
	○ Garage		
	Swimming Pool		
	○ Garden		
	o Home Office		
	o Gated Community		
Real I	Estate History		
•	Have you purchased a property before? (Yes/No):		
•	Do you currently own or rent? (Own/Rent):		
•	Are you pre-approved for a mortgage? (Yes/No):		

 Preferred Lender (if applicable): 			
Additional Information			
Special Requirements:			
• Best Time for Property Viewing:			
Acknowledgment			
I confirm that the information provided is accurate to the best of my knowledge.			
Client Signature:	Date:		