



The Vendor/Property Qualifying Questionnaire

Real Estate Taxes

Assessment: _____ Taxes: _____ (19____)

Insurance

Annual Premium: _____

Utilities

Hydro: _____

Gas: _____

Water & Sewage: _____

To the best of my knowledge, this information is correct.

Signature: _____

Vendor

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This is not intended to solicit properties listed for sale.

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Property Description

1. How long have you owned/lived in this property? _____

2. How old is this house? _____

3. What major improvements have you made on this home? _____

4. What is the size of the lot? _____

5. What parking facilities are there? On-site: -Garage -Automatic opener
 -None
 -Carport
 -Driveway
 Off-site: -Permits required
 -No permits

6. What landscaping improvements have you made? _____

When? _____

Professional landscaping? _____

7. How old is the roof? _____

8. Type of construction: Brick Sliding-type _____
 Stone Other-specify _____
 Concrete Block

9. Bedrooms: (total) _____

1st floor: # _____

2nd floor: # _____

Other: # _____

10. Bathrooms: (total) _____

1st floor: # _____

2nd floor: # _____

Other: # _____



Renovations: _____

11. Kitchen: Renovated Y N Comment _____

Eat-in Y N Comment _____

Appliances	Remain	Age	Comment
Fridge	<input type="checkbox"/>	___	_____
Stove	<input type="checkbox"/>	___	_____
Dish washer	<input type="checkbox"/>	___	_____
Microwave	<input type="checkbox"/>	___	_____

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Property Description (cont.)

12. Basement: Finished Full Dry Height: _____
 Unfinished Part Damp

13. Other Rooms: Yes No Other: _____
 Family Room
 Den
 Laundry Room

14. Fireplaces: # _____ Rooms: _____

15. Insulation: UFFI Yes No
 Updated Removed

16. Electrical: AMPS: _____ Type of Wiring: _____
 Updated Y N Date: _____

17. Plumbing: Updated: Yes No
 Municipal Other Specify: _____ Date: _____
 Pipes: Copper Other Specify: _____

18. Hot Water Heater: Owned Capacity: _____
 Rented

19. Septic System: Municipal
 Other Specify: _____

20. Heating: -Furnace: Updated: Yes No
 Gas Oil Date: _____
 Electricity Other Specify: _____
 -Boiler (rads)
 -Unitary Electric
 (Individual room controls)

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Property Description (cont.)

21. Other Systems:	Yes	No	
Central Vac	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	
Intercom	<input type="checkbox"/>	<input type="checkbox"/>	
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	
Water Filtration	<input type="checkbox"/>	<input type="checkbox"/>	
22. Miscellaneous	Yes	No	Comment: _____
Wall To Wall Carpet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hardwood Floors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deck/Patio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thermopane Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pest Inspection Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pool	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fenced Property	<input type="checkbox"/>	<input type="checkbox"/>	_____

Motivation

23. Why are you selling this property? _____

24. When do you want/have to close on the sale? _____

25. Are there any other people involved in the selling decision? _____

26. Would you take back a mortgage if it helps to sell your home? Yes No

Legal Description

28. Municipal Address of Property: _____

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The Vendor/Property Qualifying Questionnaire

Legal Description (cont.)

29. Name, Address and Phone of Legal Owners:

Name: _____ Address: _____ Tel # Home: _____
 _____ Tel # Bus: _____
 Name: _____ Address: _____ Tel # Home: _____
 _____ Tel # Bus: _____

30. The Consent of a non-owner spouse must be obtained for the disposition of a matrimonial home.

Does this apply to the sale of this house? Yes No

If YES: _____
 Name of Non-owner Spouse Address Telephone No.

31. Legal description of property: _____

32. Do you have a current survey? _____

33. Are there any right of ways, easements, or encroachments pertinent to the property?
 Specify: _____

34. Are there any restrictions (other than zoning restrictions) as to the use to which the property may be put?

Mortgage Details

O/S Balance: _____	Special Features	Yes	No
Interest Rate: _____	Renewable	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Payment: _____	Prepayment With Penalty	<input type="checkbox"/>	<input type="checkbox"/>
Due Date: _____	Prepayment without Penalty	<input type="checkbox"/>	<input type="checkbox"/>
Term: _____	Portable	<input type="checkbox"/>	<input type="checkbox"/>
Amortization: _____			

Name of Mortgagee: _____
 Address of Mortgagee: _____
 Telephone No.: _____ Mortgage No.: _____

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