REAL ESTATE INFORMATION SHEET

WE REPRESENT: ○ BUYER ○ SELLER ○ ESTATE

Last Name(s) First Name(s) Middle Initial	Last Name(s) First Name(s) Middle Initial
Maiden Name Current Address:	Maiden Name Current Address:
Home Phone No.:	Home Phone No.: Work Phone No.:
Cell Phone No.:	Cell Phone No.:
Fax No.:	Fax No.:
E-mail:	E-mail:
Date of Birth:	Date of Birth:
Soc. Sec. No.:	Soc. Sec. No.:
Have we previously represented you? ○ Yes How did you hear about us? MARITAL HISTORY: ○ I/We are NOT married/civil union partners.	○ No
O I/We are married to each other. Date of marr	iage:
 I/We are civil union partners. Date of on civil This Property has not/will never been occupied of us. 	
Prior Marriage(s) ○ Yes ○ No If yes, attach copy of Judgement of Divorce. If certificate.	spouse is deceased, attach copy of death
PROPERTY INFORMATION : O Income	Property O Residential O Commercial
Property Address: Block:	Lot: Qual:
(Shine) (C) 5	State 7 in Code
•	State, Zip Code)
••	Multi-Family: No. of Units: Townhouse ○ Co-Op
	rownnouse ~ co-op

O Buyer O	Seller					
Last Name(s)	First Name(s)	Middle Initial	Last Name(s)	First Name(s)	Middle Initial	
	Maiden Name			Maiden Name		
Current Address:			Current Address:			
Attorney:						
	Na	nme		Firm		
		Street, City, S	State, Zip Code			
Office:		Fax:	Email	:		
REALTOR(S	١٠					
Seller:	,.		Buyer:			
	Name			Name		
	Company/Broker			Company/Broke	r	
Stree	t, City, State, Zip	Code	Stree	et, City, State, Zip	Code	
Office:			Office:			
Cell:			Cell:			
Fax:			Fax:			
Email:			Email:			
BUYER:			Mortgage Com	mitment Due:		
Name of Lende	er:					
		Street, City, S	State, Zip Code			
Office:		Fax:	Email	:		
If Buyer's are 1	not married, ho	w will title be held	1?			
party, title	devolves to the	decedent's heirs i	est is evenly divide n law or beneficiar te from the interest	ies – in other w	ords, the share	
			e: means title is held the other party tak	• •	-	
Common" – w	hich is the "usu		umed that the partie unmarried parties to			
1 1	•	imary Residence	O Investment Pro	perty		
Do you want a	•	Yes O No O With Marker	rs OWithout Mar	kers		
II yes, uo you v	wani a sui vey!	vv illi iviai kei	s vv minout ivial	ICI 3		

SELLER:			
Do you have back title? ○ Yes ○ No	If yes, please provide copies of the same.		
Is this transaction part of an Estate of: • Yes	○ No		
If yes, O I am the Executor OAdministrate	or		
Last Name(s) First Name(s) Middle Initial	Last Name(s) First Name(s) Middle Initial		
Current Address:	Current Address:		
	,		
Home Phone No.:	Home Phone No.:		
Work Phone No.:	Work Phone No.: Cell Phone No.: Fax No.:		
Cell Phone No.:			
Fax No.:			
E-mail:	E-mail:		
Date of Birth:	Date of Birth:		
Soc. Sec. No.:	Soc. Sec. No.:		
If your of an Estate 1			
If part of an Estate, please provide the following			
○ Death Certificate(s) ○ NJ Letters Testame	•		
○ Form L-9 ○ Estate Debt Questi	onnaire		
Are you or our spouse: (check all that apply)			
○ 62 years of age or older If yes, Name (onl	y 1 name required):		
	nently and totally disabled		
• Receiving disability payments • Not gai	·		
Is the seller a foreign person (nonresident alien,	Toreign partnership, foreign estate or foreign		
trust)? ○ Yes ○ No			
Are you a resident of New Jersey? • Yes	○ No		
If yes, do you expect to file a New Jersey Resid	ent Tax Return for the current tax year?		
○ Yes ○ No			
Post-Closing Address (Address you expect to ha	ave as of January of Next Year):		
Is there an open Mortgage and/or Home Equity	Line of Cradit? O Vas O No		
If yes, complete Name and Address of institution service telephone number.	on where payments are made and customer		
Lender:	○ Mortgage ○ Home Equity Line of Credit		
Address:			
Street, City,	State, Zip Code		
Account No.	Telephone:		
Lender:	○ Mortgage ○ Home Equity Line of Credit		
Address:Street, City,	State, Zip Code		
Account No.	•		

PROPERTY DETAILS:

Homeowners/Condominium/Property Owner As	ssociation: O Yes O No				
Association Name:					
HOA Address:					
Office: Fax:	Email:				
Property Management Company: O Yes O	No				
Management Name:					
Office: Fax:	Email:				
Monthly Maintenance Fee: \$	Assessment Fee: \$				
<u>Income Property</u> : If the property is more than a cinformation on each apartment:	one family dwelling, please give the following				
(1)	(2)				
Tenant's Name Apartment Number	Tenant's Name Apartment Number				
Is there a written lease: ○ Yes ○ No	Is there a written lease: ○ Yes ○ No				
Amount of rent: \$	Amount of rent: \$				
Date on which same is due:	Date on which same is due:				
Amount of security deposit: \$	Amount of security deposit: \$				
What utilities does the tenant pay:	What utilities does the tenant pay:				
Is tenant current on rent? ○ Yes ○ No	Is tenant current on rent? • Yes • No				
If no, amount past due: \$	If no, amount past due: \$				
Will apartment be vacant at time of closing? ○ Yes ○ No	Will apartment be vacant at time of closing? ○ Yes ○ No				
(3)	(4)				
Tenant's Name Apartment Number	Tenant's Name Apartment Number				
Is there a written lease: ○ Yes ○ No	Is there a written lease: ○ Yes ○ No				
Amount of rent: \$	Amount of rent: \$				
Date on which same is due:	Date on which same is due:				
Amount of security deposit: \$	Amount of security deposit: \$				
What utilities does the tenant pay:	What utilities does the tenant pay:				
Is tenant current on rent? ○ Yes ○ No	Is tenant current on rent? ○ Yes ○ No				
If no, amount past due: \$	If no, amount past due: \$				
Will apartment be vacant at time of closing? ○ Yes ○ No	Will apartment be vacant at time of closing? ○ Yes ○ No				

UTILITES

<u>TYPE OF FUEL</u> : ○ Oil ○ Gas ○ Other:
If heated by oil, is tank: O Above Ground O Underground O In Basement
If underground, is tank covered by oil tank insurance policy? • Yes • No If yes, attach copy of policy
Name and phone number of Fuel Company serving property:
Company Name Telephone
TYPE OF WATER: O Well O Municipal
If house is serviced by well when was the last time any inspections were made?
Does home have a water softener system? ○ Yes ○ No
Is water softener system: O Leased O Owned
Name of company and phone number of water softener company:
Company Name Telephone
<u>TYPE OF SEWER</u> : ○ Municipal Sewer ○ Septic System ○ Cesspool
If house is serviced by septic/cesspool when was the last time any inspections were made?
Company Name Telephone
SOLAR PANELS Owned Power Purchase Agreement Lease
Attach copy of Agreement with Provider
Company Name Telephone
TERMITE TREATMENT:
Has home ever been treated for termites? ○ Yes ○ No
If yes, name of company, address, and date of treatment:
Company Name Telephone
Date of Treatment:
If the home under Termite Warranty by a termite company? O Yes O No If yes, please attach copy of termite warranty.