



**Home Warranty, Inc.**

2727 Spring Arbor Rd.  
Jackson, MI 49203

**T:** 800.648.5006

**F:** 888.479.2652

aphwoffice@aphw.net

aphw.com

**This form must be  
submitted within  
60 days of closing.**

## DATA COLLECTION FORM

### Property Information

Home Warranty Contract Number *(Required)*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client's E-mail: \_\_\_\_\_

Client's Phone: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Was this property professionally inspected?  Yes  No

Date of Inspection: \_\_\_\_\_

### Housing Information

Single Family  Condo  Duplex

Triplex  Fourplex

New Home Construction

Foreclosure/Bank Owned

Number of Beds/Bath: \_\_\_\_\_ / \_\_\_\_\_

House Size: \_\_\_\_\_ sq. ft.

Garage Type:  None  1 Car  2 or More

### Equipment Information

*Primary System/Appliance*

*Brand Name*

Range

\_\_\_\_\_

Furnace/Heat Source

\_\_\_\_\_

Air Conditioner

\_\_\_\_\_

Water Heater

\_\_\_\_\_

Refrigerator

\_\_\_\_\_

Dishwasher

\_\_\_\_\_

### Agent Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Real Estate Office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

E-mail: \_\_\_\_\_