BUYER NAMES:				PHONE:	
LEAD SOURCE:		Email:			
DATE of APPT:	TIME OF APPT: _			LOCATION:	
ISA:	TODAY'S DATE:			-	
	<u>Buyer Consu</u>	Ilt Screening	Questionnaire	1	
1. Are you re-locating fro	m out of town?			-	
2. Do you currently have	rtland area?		How long?		
3. Do you currently own o	or rent a home? OWI	N RENT	Lease expires:	:	
4. Will you need to sell a h	iome before you can p	ourchase a ne	ew one?	(<i>IF YES</i> :) When will it be listed?	
Do you n	need a Realtor?		-		
5. How long have you bee	en looking for a new he	ome?		-	
6. Have you decided on s	pecific areas?				
7. What are looking for in	a home?				
8. Have you met with a lender? YES NO			Need lender referral? YES NO		
Price range: \$to \$ Down Payment:					
9. When would you like to	o be settled in to your	new home?			
10. What are three things	you are looking for in	an agent or	team?		
1	2		3.		
NOTES:					