



# Free Home Valuation Report

## Comparable Market Analysis (CMA)

### PROPERTY INFO

DATE: \_\_\_\_\_

| Contact Preference       |           |
|--------------------------|-----------|
| <input type="checkbox"/> | Email     |
| <input type="checkbox"/> | Home Call |
| <input type="checkbox"/> | Cell Call |
| <input type="checkbox"/> | Cell Text |

| PROPERTY INFORMATION  |            |       |   |
|---|------------|-------|---|
| <b>When Selling</b><br><input type="checkbox"/> NOW<br><input type="checkbox"/> 1-3 Month<br><input type="checkbox"/> 3-6 Month<br><input type="checkbox"/> 6-12 Month<br><input type="checkbox"/> 1 Year + | Home Sq Ft | _____ | <input type="checkbox"/> Free Home Value Report<br><input type="checkbox"/> Free Full Selling Package |
|   | Lot Size   | _____ |   |
|   | # Bedroom  | _____ | Loan Bal \$ _____   |
|   | # Baths    | _____ | Address _____   |
|   | # Garage   | _____ | _____   |
|   | Pool/Spa?  | _____ | Other _____   |

| GB4H Program (if applic) |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Military         |
| <input type="checkbox"/> | Law Enforcement  |
| <input type="checkbox"/> | Fire/Rescue      |
| <input type="checkbox"/> | Education        |
| <input type="checkbox"/> | Friends & Family |
| <input type="checkbox"/> | Relocation       |

### CONTACT INFO

| CLIENT 1 (Primary Contact) |       | CLIENT 2 (Spouse/Partner)           |       |
|----------------------------|-------|-------------------------------------|-------|
| NAME                       | _____ | NAME                                | _____ |
| HOME Street                | _____ | HOME                                | _____ |
| City                       | _____ | <input type="checkbox"/> Same as C1 | _____ |
| State                      | _____ |                                     | _____ |
| Zip                        | _____ |                                     | _____ |
| MAIL Street                | _____ | MAIL                                | _____ |
| (if different) City        | _____ | <input type="checkbox"/> Same as C1 | _____ |
| State                      | _____ |                                     | _____ |
| Zip                        | _____ |                                     | _____ |
| EMAIL                      | _____ | EMAIL                               | _____ |
| HOME Phone                 | _____ | HOME Phone                          | _____ |
| WORK Phone                 | _____ | WORK Phone                          | _____ |
| CELL Phone                 | _____ | CELL Phone                          | _____ |
| FAX                        | _____ | FAX                                 | _____ |

### SPECIAL DATES (Optional-So we can send cards/gifts on your special days)

|                   |                   |              |
|-------------------|-------------------|--------------|
| CLIENT 1 Birthday | CLIENT 2 Birthday | Wedding Date |
| Child Name        | Age               | Child Name   |
|                   |                   | Age          |
| Child Name        | Age               | Child Name   |
|                   |                   | Age          |

### OTHER

Currently Working With Agent?  NO  YES  
 If Yes, Agent Name: \_\_\_\_\_

Are You the Property Owner?  NO  YES  
 Comments/Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How Did You Hear About Us?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Referred By \_\_\_\_\_