

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

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 (if different)	Street _____	MAIL	_____
	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 _____
Child Name _____	Age _____	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 _____