

Purchase Agreement Intake Form

Seller 1

Name	
Street address	
City, State, ZIP	
Email	
Phone – cell	
Phone – work	
Marital Status	

Seller 2

Name	
Street address	
City, State, ZIP	
Email	
Phone – cell	
Phone – work	
Marital Status	

Buyer 1

Name	
Street address	
City, State, ZIP	
Email	
Phone – cell	
Phone – work	
Marital Status	

Buyer 2

Name	
Street address	
City, State, ZIP	
Email	
Phone – cell	
Phone – work	
Marital Status	

Property Address

Parcel No:

Property Type

<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Commercial
<input type="checkbox"/> Condo	<input type="checkbox"/> Vacant Land
<input type="checkbox"/> Townhome	<input type="checkbox"/> Rental Property
<input type="checkbox"/> New Construction	<input type="checkbox"/> Manufactured Home

Sale Information	Property Information
Purchase Price: _____	Seller has: <input type="checkbox"/> Abstract <input type="checkbox"/> Certificate of Title <input type="checkbox"/> _____
Earnest Money: _____	Home built before 1978? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Holding Earnest Money: _____	Well on Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Septic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Method of Payment:	City Water? <input type="checkbox"/> Yes <input type="checkbox"/> No City Sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Contract for Deed <input type="checkbox"/> Financing	Water Softener: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> No
Buyer Lender: _____	Liquid Fuel Tank: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> No
Buyer Loan Officer: _____	Home Protection Warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Loan: <input type="checkbox"/> FHA <input type="checkbox"/> Conventional <input type="checkbox"/> VA	Leaky Roof? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No
<input type="checkbox"/> Other _____	Wet Basement? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Loan Amount: _____	Cable/Satellite <input type="checkbox"/> Yes <input type="checkbox"/> No
Approx. Closing Date: _____	Inspection Contingency: <input type="checkbox"/> Yes <input type="checkbox"/> No
Closing Costs: Buyer Pays _____ of Seller's cost	Seller's Disclosure: <input type="checkbox"/> Yes <input type="checkbox"/> No (Waived)
Seller Pays _____ of Buyer's cost	Other Property Information: _____
Seller's Disclosure: <input type="checkbox"/> Yes <input type="checkbox"/> No (Waived)	_____
PA Drafting Fees: <input type="checkbox"/> Buyer <input type="checkbox"/> Seller <input type="checkbox"/> Split	_____
Seller has Mortgage on Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Seller Mortgage Co: _____	_____

