



## REAL ESTATE BUYER INTAKE FORM

Phone: (Your Phone) | Email: (Your Email)

**Instructions:** Please complete this form as thoroughly as possible. After submission, you will receive documents to review and sign electronically. All information provided will be kept confidential.

BUYER INFORMATION	
Buyer Name(s):	
Marital Status:	
Spouse Name (if applicable):	
Buyer's Mailing Address:	
Primary Phone Number:	
Secondary Phone Number:	
Email Address:	
PROPERTY INFORMATION	
Address of Property Being Purchased:	
Anticipated Closing Date:	
Property Type:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Land <input type="checkbox"/> Other
FINANCING INFORMATION	
Method of Purchase:	<input type="checkbox"/> Loan/Mortgage <input type="checkbox"/> Cash <input type="checkbox"/> Other
Lender Name:	
Loan Officer Name:	

<b>Loan Officer Phone Number:</b>	
<b>Loan Officer Email:</b>	
<b>Estimated Loan Amount:</b>	
<b>Down Payment Assistance:</b>	<input type="checkbox"/> None <input type="checkbox"/> NC Housing <input type="checkbox"/> City Program <input type="checkbox"/> Other
<b>If Other, Please Specify:</b>	
<b>INSURANCE INFORMATION</b>	
<b>Homeowner's Insurance Company:</b>	
<b>Insurance Agent Name:</b>	
<b>Insurance Agent Phone Number:</b>	
<b>Insurance Policy Number (if known):</b>	
<b>REALTOR INFORMATION</b>	
<b>Buyer's Realtor Name:</b>	
<b>Realtor Company:</b>	
<b>Realtor Phone Number:</b>	
<b>Realtor Email:</b>	
<b>SELLER CONTRIBUTIONS</b>	
<b>Expenses Seller Agreed to Pay:</b>	
<b>ADDITIONAL INFORMATION</b>	
<b>Will You Appoint Power of Attorney?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, Attorney-in-Fact Name:</b>	
<b>Where Should We Mail Documents?</b>	
<b>Special Instructions or Concerns:</b>	
<b>DISCOUNTED ESTATE PLANNING SERVICES</b>	

Hedgebeth Carter Law Group is pleased to offer discounted estate planning documents to clients using our real estate services. **For only \$500 at closing**, we can provide: a simple will, healthcare power of attorney, advance directives for end-of-life care, and general power of attorney.

**Would you like these services?**

Yes  No

*By submitting this form, I acknowledge that the information provided is accurate and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEDGEBETH CARTER LAW GROUP, PLLC**

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