

# Home Intake Form

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## HOME INTAKE FORM

All questions contained in this intake form are strictly confidential and will be used ONLY for purposes of evaluating your home.

<b>Name:</b>	<input type="checkbox"/> Owner?	<b>Date:</b>
<b>Co-OwnerName:</b>	<b>Relationship:</b>	
<b>Property Type:</b>	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other	
<b>Address:</b>		
<b>City:</b>	<b>Zip Code:</b>	

HOME FEATURES		
<b>Condition:</b>	<input type="checkbox"/> New <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Fixer <input type="checkbox"/> Major Issues	
<b>Features</b>	Bedrooms:	Square Feet:
	Baths:	Levels/Stories:
<input type="checkbox"/> Garage <input type="checkbox"/> Driveway <input type="checkbox"/> Deck <input type="checkbox"/> View <input type="checkbox"/> Basement		
Loans/Leins (First Mortgage, Second Mortgage, Credit Line, Lien, etc.)		
<b>Type</b>	Monthly Payment	Remaining Balance
First Mortgage	\$	\$
<b>Are you behind on any payments?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Comments:**