



HOGANWILLIG
ATTORNEYS AT LAW

REAL ESTATE QUESTIONNAIRE

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

BEST TIME TO CALL: _____

EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT HOGANWILLIG?

PRIOR EXPERIENCE

WORD-OF-MOUTH REFERRAL

INTERNET SEARCH

GOOGLE

YAHOO

OTHER: _____

OTHER: _____

TYPE OF MATTER:

PURCHASE

SALE

REFINANCE

FORECLOSURE

PLEASE INDICATE YOUR COMMITMENT DATE: _____

PLEASE INDICATE YOUR CLOSING DATE: _____



HOGANWILLIG
ATTORNEYS AT LAW

LOAN OFFICER CONTACT INFORMATION:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE #: _____ CELL PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

REAL ESTATE AGENT CONTACT INFORMATION (IF APPLICABLE):

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE #: _____ CELL PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

COMMENTS: _____
