



**USA REAL ESTATE DEVELOPMENT
AND INVESTMENT LLC**

CLIENT INTAKE FORM

Case Number: _____

Instructions: Please complete the application and return this form along with photos of the front and back of your property

Property Address:		Sale Date:	
Owner's Name		Home Phone:	Work Phone:
Email Address:	Fax #:	Bankruptcy Filed? Yes ___ No ___ Month/Date: / / Discharged? Yes ___ No ___	
Type of deal desired: Sale ___ Leaseback/Resale ___ Rent ___		If leaseback/resale, how many years? _____	
Plaintiff's Attorney:		Attorney's Phone Number:	
Original Mtg Amount	\$ _____	Lender's Name	Loan #
Phone Number:		Years Financed:	
2 nd Mtg Amount	\$ _____	Lender's Name	Loan #
Phone Number:		Years Financed:	
Monthly Mtg Payment	\$ _____	Foreclosure? Yes ___ No ___ Foreclosure Amount? _____	Judgment Amount? _____
Months Behind on Mortgage:	1 to 12 Months ___ 12 to 18 Months ___ 18 to 24 Months ___ Over 24 Months ___	Type of Loan Conventional ___ FHA/VA ___	Bank REO? Yes ___ No ___
List all names on title below:			
Name		Telephone	
Estimated Resale Value of your home? _____			

Section II – Mortgage Details (Cont'd)

Please provide copies of these documents, if available:

- Hardship Letter
- Signed _____ Authorization
- Title
- Appraisal
- Complaint/Foreclosure Letter
- Work out package

Is the property subject to any violations?
Yes ___ No ___

- PIN
- Legal
- Estimated Tax Bill
- Zoning Compliance
- Other

Is water bill current? Yes ___ No ___

If no, what is the outstanding balance? \$ _____

Please provide copies of these documents, if available:

- Survey
- Water certification

Are Taxes Current?
Yes ___ No ___

If no, please show the tax years that were sold below:

1. _____ 3. _____
2. _____ 4. _____

Are Taxes Escrowed?
Yes ___ No ___

Are there any impounds?
Yes ___ No ___

If yes, please explain.

Building Type		Basement	
<input type="checkbox"/> Single	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Brick	<input type="checkbox"/> Unfinished
<input type="checkbox"/> 2 Unit		<input type="checkbox"/> Frame	<input type="checkbox"/> Finished
<input type="checkbox"/> Condo		<input type="checkbox"/> Stucco	<input type="checkbox"/> No Basement
<input type="checkbox"/> Commercial		<input type="checkbox"/> Other	

Bedrooms		Bathrooms	
<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 4
<input type="checkbox"/> 2	<input type="checkbox"/> Over 4	<input type="checkbox"/> 2	<input type="checkbox"/> Over 4
<input type="checkbox"/> 3		<input type="checkbox"/> 3	

Garage		
<input type="checkbox"/> Brick, detached	<input type="checkbox"/> Frame, detached	<input type="checkbox"/> 1 car
<input type="checkbox"/> Brick, attached	<input type="checkbox"/> Frame, attached	<input type="checkbox"/> 2-car
<input type="checkbox"/> No garage		<input type="checkbox"/> 3-car
		<input type="checkbox"/> other

Attic	Heating	Other Special Features
<input type="checkbox"/> Finished	<input type="checkbox"/> Central with Air	<input type="checkbox"/> Oil
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Gas Forced	<input type="checkbox"/> Other
<input type="checkbox"/> No attic		Central Air Conditioning

Employer's Name: _____

Employer's Phone: _____

Years Employed: _____

Please provide copies of these documents

- W-2's (Last 2 years)
- Check Stubs (2 most recent)
- Tax Returns (last 2 years)
- Bank Statements (2 most recent)
- Copies of ID (Driver's Lic, State ID/Social Sec

Please provide any other relevant information in the space below.
