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 REVISED 01/26/06

CONSULTATION REQUEST FORM

DATE: _____ REP: _____

CLIENT'S NAMES: _____
 (Need all Names as Recorded on Deed)

MAILING ADDRESS: # _____ Street _____ City _____ State _____ Zip _____

TELEPHONE # (HM) _____ S.S.# _____ - _____ - _____ (1ST CLIENT)

TELEPHONE # (WK) _____ S.S.# _____ - _____ - _____ (2ND CLIENT)

NEAREST RELATIVE : _____ PHONE #: _____

RESCUE [] PROFIT SHARE [] CASH FOR KEYS []

PROPERTY LOCATION: # _____ Street _____ City _____ State _____ Zip _____

COUNTY _____ Number of Bed Rms: _____ baths _____ CURRENT VALUE _____

DATE PURCHASED /REFIE _____ PURCHASE PRICE _____ DOWN PAYMENT _____

OF LIVING UNITS: [] one [] two [] three [] four [] five Plus [] Condo monthly fee \$ _____

RENTAL START DATE _____ "AFFORDABLE"
 MONTHLY RENT \$ _____
 (NO LATER THAN 30 DAYS PRIOR TO SALE)

MORTGAGE INFORMATION

| <u>1ST MORTGAGE</u> | <u>2ND MORTGAGE</u> | <u>CIRCLE LOAN TYPE</u> |
|--------------------------------|--------------------------------|-------------------------|
| COMPANY _____ | COMPANY _____ | VA |
| BALANCE _____ | BALANCE _____ | HUD |
| ARREARS _____ | ARREARS _____ | PMI |
| PAYMENT (piti) _____ | PAYMENT _____ | FHA |
| LAST PAID _____ | LAST PAID _____ | CONV |

OVERDUE TAXES: _____ LIENS/JUDGMENTS: _____

DATE OF FORECLOSURE FIRST SALE _____ SECOND SALE _____ RESCHEDULED DATE _____

PREVIOUS BANKRUPTCY

CHAPTER 7 DATE FILED _____ DATE DISMISSED _____ DISCHARGED _____

CHAPTER 13 DATE FILED _____ DATE DISMISSED _____ DISCHARGED _____

ATTORNEY NAME _____ TELEPHONE # (_____) _____

_____ Street _____ City _____ State _____ Zip _____

I HEREBY CERTIFY THAT ALL INFORMATION ON THIS CONSULTATION REQUEST FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE, AS OF THE DATE WRITTEN ABOVE.
