

Fast Response Form

Following is our FAST response form. Fill out this form as completely as possible and we will promptly contact you to discuss your options.

The information you provide on this form will remain confidential

Tell us about you...

Your First Name: _____

Your Last Name: _____

E-mail Address: _____

Day Time Phone: _____

(Please include area code)

Evening Phone: _____

(Please include area code)

Best Time To Call: _____

Tell us about the property...

Property street address: _____

Property city: _____

Property state: _____

Property Zip: _____

Is the property occupied?

Yes

No

If Yes, by who: _____

No. of Bedrooms: _____

No. of Baths: _____

Square Footage: _____

Age of House: _____

Garage: Check One:

One Car Attached

One Car Detached

Two Car Attached

Two Car Detached

Carport

None

Other: _____

What is the general condition of the house:

Excellent

Good

Fair

Poor

UGLY!

SIBR Management, LLC

830 W. Avenue H5, Suite B * Lancaster, CA 93534

Phone: 831-682-2166 * Fax: 661-285-7436 * www.TeamSIBR.com

Please describe any needed repairs that are needed: _____

Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Wood Floors | <input type="checkbox"/> Formal Dining Room |
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Game Room |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Deck |
|
 | |
| <input type="checkbox"/> Unfinished Basement | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Privacy Fence | <input type="checkbox"/> Other Fence |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Vinyl Siding |
| <input type="checkbox"/> Steel Siding | <input type="checkbox"/> Wood Siding |
|
 | |
| <input type="checkbox"/> Other Siding | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Central Heat | <input type="checkbox"/> Central Air |
| <input type="checkbox"/> Floor Furnace | <input type="checkbox"/> Wood Stove |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Crawl Space |
|
 | |
| <input type="checkbox"/> Slab | <input type="checkbox"/> Storage Shed |
| <input type="checkbox"/> Shop | |

Tell us about the numbers...

How much do you feel the property is worth: _____

1st mortgage balance: _____

1st mortgage payment amount: _____

Does the 1st mortgage payment include taxes and insurance:

- Yes No

Are there other mortgages on the property:

- Yes No

What is the combined balance of all mortgages: _____

What is the combined monthly payment on all mortgages: _____

Please tell us about any other liens and/or other title problems that may affect this property by typing an explanation here: _____

Are all mortgage payments current:

Yes

No

If payments are not current, how far behind are they...

1st mortgage \$ Amount Behind: _____

of payments: _____

2nd mortgage \$ Amount Behind: _____

of payments: _____

Other mortgage \$ Amount Behind: _____

of payments: _____

Have you received a foreclosure notice:

Yes

No

Has a foreclosure sale date been set:

Yes

No

Unknown

Sale Date: _____

Just a couple more questions...

Is your property currently listed with a real estate agent/broker:

Yes

No

If property is listed when does your listing expire: _____

Are you currently in bankruptcy:

Yes

No

How did you hear about us: _____

Please provide any further comments that you feel are important below: _____

Once complete fax or email to us at:



Fax: 661-285-7436 OR Email: DavidSIBR@sbcglobal.net

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