**BUYER INFORMATION FORM**

***Thank you for choosing Bayview Title to handle your settlement. In an effort to ensure a smooth closing, we request that you complete the following information along with the assistance of your realtor.***

Name 1: First Middle Last

Name 2: First Middle Last

Date of Birth 1 Date of Birth 2

Social Security Number(s) (Last Four Digits) : 1 XXX-XX- 2 XXX-XX-

Current Mailing Address

Email: Phone: Work

Home Cell 1 Cell 2

Property will be: Occupied/ 2nd home/Investment

Buyer(s) is/are US Citizens Yes\_\_\_ or No\_\_\_ First Time MD Homebuyer Yes\_\_\_ or No

Will this be buyers principal residence Yes\_\_\_ or No If so, when do you plan on moving in? Lender: Contact Name & Phone #

Is a power of attorney needed? Yes\_\_\_ or No\_\_\_

From to

Would you like a location survey: Yes No

Buyer’s Agent is receiving a commission in the amount of $ Are there any administrative Fees on the buyers side Yes or No

Amount: $ of administrative fee(if yes, please provide signed authorization by buyer as lenders are now requesting it)

Home Warranty: Yes or No Warranty Provider: Cost $ Paid By: Seller Buyer or Other

Are there any bills to be collected on the Hud-1 Yes or No

\*\*if there are bills to be collected on the hud-1, please provide ASAP but no later than 4 days prior to closing unless there are last minute circumstances\*\*

ESTIMATED CLOSING DATE AND TIME

Please email completed form to [leah@bayviewtitlellc.com](mailto:col24.bowen@gmail.com) or [lori@bayviewtitellc.com](mailto:lori@bayviewtitellc.com) Thank you!

Bayview Title, LLC

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