OCG PROPERTIES

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# Client Intake Sheet

**Client Name (Last, First):** ____________________

**Contact Information**

Mobile: ____________________

Other: ____________________

Email: ____________________

Best time to reach you: ____________________

Address: ____________________

**PLEASE CHOOSE ONE**

**I AM READY TO INVEST:** ☐

**I HAVE QUESTIONS:** ☐

**Funding Information:**

Amount available for investment:

| | | | |
|---|---|---|---|
| **$0 - $5k** | ☐ | **$5k - $25k** | ☐ |
| **$25k – $100k** | ☐ | **$100k+** | ☐ |

Where are the funds located: ____________________

Date funds will be available: ____________________

Estimated credit score (optional): ____________________

Beginner (3 deals or less) ☐ Intermediate (4–10 deals) ☐ Advanced (over 10 deals) ☐

**Investment interests:**

Single family home: ☐

Trust Deed Investor: ☐

Joint Venture & Multifamily: ☐

Syndicated Investments: ☐

Affiliate Program: ☐

| | Y / N |
|---|---|
| Do you have an IRA? | ☐ / ☐ |
| Financing preferred? | ☐ / ☐ |
| Do you have access to cash? | ☐ / ☐ |
| Are you open to partnerships? | ☐ / ☐ |
| How many properties do you own? | ____ |