



OFFICIAL DEAL SUBMISSION FORM

SUBMITTER INFORMATION

NAME: _____ COMPANY: _____

EMAIL: _____ PHONE: _____

WEBSITE: _____

PROPERTY INFORMATION

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____

STYLE: _____ LIVING AREA (sq ft): _____

BEDROOMS: _____ # BATHROOMS: _____ YEAR BUILT: _____

ESTIMATED ARV: _____ Supported by Comps? YES / NO

HOW ESTIMATED: _____

ESTIMATED REHAB: _____ Supported by Contractor Bid? YES / NO

HOW ESTIMATED: _____

Please attach backup to support rehab figures. (Contractor Bid, AARE Rehab Guide, Line Item Budget)

MUST CLOSE BY: _____ ASKING PRICE or ASSIGNMENT FEE: _____

FAX or E-MAIL this form (with backup) to: INFO@AAREalEstatePartners.com / Fax: 978-256-0666