



America's Preferred Home Warranty

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DATA COLLECTION FORM

1. Property Information

Home Warranty Contract Number *(Required)*: _____
Address: _____
City: _____ State: _____ Zip: _____
Client's Name: _____
Client's E-mail: _____
Client's Phone: _____
Closing Date: _____

2. Housing Information

Single Family Manufactured Number of Baths: ___ Beds: ___
 Condo Duplex House Size: _____ sq. ft.
 New Home Construction Triplex
 Foreclosure/Bank Owned Fourplex
 City Water City Sewer Septic Well
Was this property professionally inspected? Yes No Date: _____

Garage Type: Attached
 Detached None
 1 Car 2+ Car

MUST COMPLETE EITHER A OR B

This form must be submitted within 60 days of closing.

3. A. Appliance Brand Names

(If no brand names available, you must complete section B)

Primary System/Appliance:
Furnace/Heat Source

Air Conditioner

Water Heater

Refrigerator

Dishwasher

Range

OR

B. Home Facts

Heat Source:

Electric Geothermal
 Gas Boiler
 Other Heat Pump

Cooling:

Central N/A

Water Heater Type:

Electric Gas Instant

Appliances Included:

Range
 Refrigerator
 Built In Microwave
 Built In Dishwasher

4. Agent Information

Agent Name: _____ Date: _____
Real Estate Office: _____
City: _____ State: _____
E-mail: _____
I am representing: Buyer Seller Buyer/Seller

SUBMIT