



Gwendolyn J. Sterk and the Family Law Group, P.C.

Empower Yourself With Options.

REAL ESTATE COHABITATION INFORMATION SHEET

Section 1: Your Personal Information

| Personal Information - Client | | | |
|-------------------------------|---|---|---------|
| Client's Name: | | Have you been known by any other name(s)? | |
| Address: | | | |
| City: | State: | Zip: | County: |
| Social Security No: | DOB: | Driver's License No: | |
| E-Mail: | Any Prior Agreement(s): If so, date of agreement: Parties involved: | | |
| Home: | | | |
| Work: | | | |
| Car/Cell: | | | |
| Fax: | | | |

Section 2: Co-Owner's Information

| Personal Information - Co-Owner | | | |
|---------------------------------|---|--------------------------|--|
| Co-Owner's Name: | | Any other known name(s)? | |
| Address: | | | |
| City: | State: | Zip: | |
| Social Security No: | DOB: | Driver's License No: | |
| E-Mail: | Any Prior Agreement(s): If so, date of agreement: Parties involved: | | |
| Home: | | | |
| Work: | | | |
| Car/Cell: | | | |
| Fax: | | | |

Section 3: Property Information

| | |
|-----------------------------|-----------------|
| Address of Property: | Present Value: |
| Estimated Date of Purchase: | Purchase Price: |
| Mortgage Company: | Name on Lien: |
| Application Date: | Amount of Lien: |

| | |
|---|-------------------------|
| Name on Deed: | County Deed Recorded: |
| Is there a lease on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No | Lease Termination Date: |
| Contributions or Down Payment? <input type="checkbox"/> Individually <input type="checkbox"/> Jointly | Contribution Amount: |

Occupants of Property

| Name(s): | Listed on Lease | Listed on Mortgage | Listed on Note |
|----------|--|--|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 4: Property Expenses

| Mortgage and Note | |
|---|--------------------|
| Name of Lender: | Due Date: |
| How are payments made? <input type="checkbox"/> Individually <input type="checkbox"/> Jointly | Payment Per Month: |

| Rent | |
|---|--------------------|
| Name of Landlord: | Due Date: |
| How are payments made? <input type="checkbox"/> Individually <input type="checkbox"/> Jointly | Payment Per Month: |

| Rental Insurance | |
|--|---------------|
| Name of Insurance Company: | |
| Address: | |
| Policy: <input type="checkbox"/> Individual <input type="checkbox"/> Joint | Policy Limit: |

| Bank Accounts - Joint with Co-Owner for Property Expenses: | | |
|--|------------------|------|
| Name of Bank: | | |
| Account No: | Type of Account: | |
| Address: | | |
| City: | State: | Zip: |
| Current Balance: | | |

| Income Taxes and Property Taxes | |
|---|------------------------------|
| Deductions for Tax Returns: <input type="checkbox"/> Individually <input type="checkbox"/> Jointly | |
| Payments for Property taxes: <input type="checkbox"/> Individually <input type="checkbox"/> Jointly | Amount of Outstanding Taxes? |

Plan for Cohabitation Agreement

Please describe plan for payment of expenses:

Please describe plan for joint occupancy of residence:

Please describe plan on decision making for loans, repairs, and maintenance of residence:

Estate Plan

Is there an Estate Plan in place?

Discuss any other non-housing property to be jointly owned with the attorney during the consultation.

Client Referred By:

Date:

Gwendolyn J. Sterk and the Family Law Group, P.C.
11508 West 183rd Place, NW
Orland Park, IL 60467
(815)600-8950
(815)600-8519 FAX
info@sterkfamilylaw.com
sterkfamilylaw.com

©2021 Gwendolyn J. Sterk and the Family Law Group, P.C.
All Rights Reserved.