

# Client Intake Form

Full Name:

Address:

City:

Zip:

Phone:

E-mail:

## PROPERTY INFORMATION:

Property type:

Residential

Commercial

Industrial

Number of Bedrooms: .....

Number of Bathrooms: .....

### Additional Rooms (check all that apply):

Kitchen

Dining Room

Attic

Living Room

Basement

Garage

Other

.....

Approximate Square Footage: .....

Are there pets in the property?

Yes

No

If yes, please specify type and number: .....

## SERVICE REQUIREMENTS:

### Service Frequency:

One-time

Bi-weekly

Quarterly

Weekly

Monthly

Custom Schedule: .....

Special Cleaning Focus Areas (e.g., wine stains on the carpet, mold in the bathroom, etc.):

.....

**EQUIPMENT & PRODUCT PREFERENCES:**

Are there specific cleaning products you want or DON'T want used?  Yes  No

If yes, please specify: .....

Do you provide cleaning equipment? (e.g., vacuum, mop)  Yes  No

**ACCESS INFORMATION:**

Will someone be present during cleaning?  Yes  No

If not, how should we access the property? .....

**BILLING & PAYMENT INFORMATION:**

**Preferred Payment Method:**

Credit Card     Cash     Zelle

Other .....

**ADDITIONAL NOTES & SPECIAL INSTRUCTIONS:**

(Include any additional information, specific areas of concern, specific cleaning methods, etc.)

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**AGREEMENT AND SIGNATURE:**

By signing below, I confirm that the above details are accurate and provide permission to Clean Habits Cleaning Service to perform the cleaning services as specified. I understand that the final service charge will be based on the services provided and any additional requirements that arise during the cleaning after the walkthrough process.

**Client Signature:** .....

**Date:** .....