

NOTE TO BUYER: Please reference the Declaration of Covenants and Restrictions for Camden Townhomes at Cary Park, Article VIII. Restrictions, Section 14. Leasing.



Management Professionals, Inc
WWW.ELITE-MGMT.COM

4112 Blue Ridge Road Ste 100
Raleigh NC 27612
Phone 919-233-7660
Fax 919-233-7661

REAL ESTATE TRANSFER REQUEST FOR INFORMATION

If requested four (4) or more business days from closing there is a \$75.00 service fee for providing information to facilitate the sale of the property. If this request is made three days or less from the closing the service fee will be \$100.00. There will be a \$15.00 charge for each requested update of information on this form.

DATE OF REQUEST: _____ CLOSING DATE: _____
FIRM: _____ CONTACT: _____
FIRM #: _____ FIRM FAX #: _____
Email address of person requesting information: _____
Signature of person requesting information: _____

NAME OF ASSOCIATION: _____
UNIT ADDRESS: _____
CURRENT OWNER'S NAME: _____
CURRENT OWNER'S Forwarding Address: _____
BUYER'S NAME: _____
BUYER'S MAILING ADDRESS (If different from property): _____
BUYER'S EMAIL ADDRESS _____ BUYER'S PHONE NUMBER _____

INFORMATION BELOW PROVIDED BY ELITE MANAGEMENT PROFESSIONALS, INC.

AMOUNT OF HOA ASSESSMENTS: \$ _____ PAYABLE: MONTHLY/QUARTERLY/ANNUALLY/SEMI-ANNUAL
SPECIAL/OTHER ASSESSMENTS: \$ _____ PAYABLE: MONTHLY/QUARTERLY/ANNUALLY/SEMI-ANNUAL

(Explanations, if needed)

CAPITAL CONTRIBUTION: \$ _____ CERTIFICATION FEE: \$ _____
ACCT BALANCE OF SELLER: \$ _____ STATUS: CURRENT / PAST DUE / CREDIT BALANCE
AS OF: _____ ALSO COLLECT: \$ _____
FOR: _____ TOTAL DUE AT CLOSING: \$ _____

ELITE MANAGEMENT PROFESSIONALS WILL ISSUE REFUNDS TO SELLERS WHO HAVE A CREDIT BALANCE. A FORWARDING ADDRESS FOR THE SELLER MUST BE SUBMITTED IN WRITING WITH A REQUEST FOR REFUND TO ELITE MANAGEMENT PROFESSIONALS TO THE ADDRESS ABOVE. AUTO DRAFTS MUST BE CANCELLED IN WRITING. PLEASE NOTE PASSES, KEYS AND FOBS MUST BE TRANSFERRED TO THE NEW OWNER.

MAKE CHECKS PAYABLE TO:

ASSOCIATION NAME: _____ IN THE AMOUNT OF \$ _____
ADDITIONAL CHECK: _____ IN THE AMOUNT OF \$ _____
ADDITIONAL CHECK: _____ IN THE AMOUNT OF \$ _____
CHECK MADE PAYABLE TO ELITE MANAGEMENT PROFESSIONALS IN THE AMOUNT OF \$ _____ Update _____ Total _____

ALL CHECKS SHOULD BE MAILED TO ELITE MANAGEMENT PROFESSIONALS AT THE ADDRESS ABOVE.

For Office Use Only:

Prepared By: _____ Date closing information received: _____
Coupon Book Ordered: _____ Resale Package: _____
WP/CINC Update: _____ Welcome Package Sent: _____