

Community First Management

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Virginia Beach, VA 23452

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RESALE DISCLOSURE CERTIFICATE AND PACKAGE REQUEST

COMMUNITY NAME:	Date of Request:
Property Address:	Closing Date:

SELLER		Office / Fax / Mobile
Seller/s Name:		Phone:
Address:		
City / State / Zip:		

LISTING AGENT		Office / Fax / Mobile
Agent's Name:		Phone:
Company/Agency:	Email:	

PURCHASER		Office / Fax / Mobile
Purchaser Name/s		Phone:
Address:		
City / State / Zip:	*If this is for a co-op, purchaser may be required to provide current credit report.*	

PURCHASER AGENT		Office / Fax / Mobile
Agent's Name:		Phone:
Company/Agency:		

SETTLEMENT CO. (Must be completed prior to closing)		Office / Fax / Mobile
Contact Name:		Phone:
Company Name:		

Authorization: Requestor hereby authorizes the preparation of a Resale Disclosure Certificate, the fees for which are to be collected prior to or at settlement. In the event fees are not collected or settlement does not occur, the cost associated in the preparation of this certificate will be assessed against the sellers / seller's agent. Seller's Agent hereby attests they will collect all fees at closing:

Signature: _____

Print Name: _____

FOR CFM USE ONLY:

Property Inspected on: _____

Certificate Completed: _____

Notified Requestor: _____

Person picking up Certificate: _____

(Date)

COSTS (Please Circle)

\$340.00	Hard Copy	Sale Disclosure Certificate
\$240.00	Electronic Copy	
\$50.00		RUSH FEE (if Requested)
		TOTAL

Checks or Money Orders to be made payable to
Community First Management.

NEW PROPERTY SET UP

_____ HUD-1 Settlement Form Received

_____ Owner Information Sheet Sent

_____ Coupons / ACH Forms Mailed.

_____ Welcome Letter (If applicable)