

What are your plans when your property sells? _____

TYPE OF RESIDENCE

Single Family

Townhouse

Condominium

Co-op

Multi-Family

No. of Units

Age of home: _____

If the property is more than a one family dwelling, please give the following information on each apartment: Name and apartment number of each tenant _____

Is there a written lease? Yes No

Amount of rent and date on which same is due: _____

Amount of Security Deposit, if any: _____

What utilities does the tenant pay for: _____

Which apartments if any, are to be delivered vacant at the time of closing? _____

1099 CERTIFICATION:

I owned and used the residence as my principal residence for 2 or more years during the 5 year period ending on the date of the sale or exchange of the residence?

Yes

No

I have not sold or exchanged another principal residence during the 2 year period ending on the date of the sale or exchange of the residence (excluding any sale or exchange before May 7, 1997)?

Yes

No

No portion of the residence has been used for business or rental purposes by me (or my spouse if I am married) after May 6, 1997?

Yes

No

TYPE OF FUEL:

Oil

Gas

If heated by oil, is tank underground or in basement? _____

If underground, is tank covered by oil tank insurance policy? Yes No

If yes, attach a copy of the policy

Name and phone number of company serving oil to property: _____

TYPE OF WATER: Well Municipal Private

TYPE OF SEWER: Septic Tank Municipal Sewer

If the house is serviced by septic and well, when was the last time any inspections were made?

POOL: Is there a pool? Yes No

TYPE OF GARAGE:

Attached Detached 1 Car 2 Car 3 Car Other _____

SOLAR PANELS:

Are there solar panels? Yes No

If yes, are they owned or leased? _____

Paid in full or financed? _____

Do you receive SREC for the solar panels? _____

Provide copies of all solar panel leases and agreements

TERMITE TREATMENT:

Has the home ever been treated for termites? Yes No

If yes, name of company, address and date of treatment: _____

Is the home under Termite Warranty by a termite company? Yes No

ADDED IMPROVEMENTS:

Were there any improvements made since you purchased, such as fence, deck, addition?

Yes No

If so, what improvements? _____

MORTGAGES:

Open Mortgage of Recording (including Home Equity Loans, Lines of Credit, Second Mortgages, etc.)

on Subject Property: Yes No

Do you own your home free & clear? Yes No

Liens on the property (excluding mortgage) Yes No

Added Tax Assessments Yes No

Added HOA Assessments Yes No

Open Permits Yes No

Encroachment/Easement Yes No

NAME, ADDRESS AND PHONE NUMBER of institution(s) where payments are made:

Account #: _____
Phone #: _____

Account #: _____
Phone #: _____

Account #: _____
Phone #: _____

JUDGMENTS: Are all Mortgage payments current? Yes No

Any judgments against the owners of record must be paid in full at closing. If there are any judgments against the owners, please furnish details of same on the bottom of this form.

HOMEOWNERS ASSOCIATION: Yes No If yes, cost _____

Paid Monthly Quarterly Yearly Are your payments current? Yes No

If residence is a condominium, townhouse or co-op, please furnish the name, address and telephone number of association, as well as the name of contact person, so that we may obtain necessary information with regard to within transaction. Attach a copy of the bylaws and master deed to condominium. _____

CITIZENSHIP:

Are you a citizen of the United States? Yes No *

*If no, Please supply my office with the country in which you are a citizen as well as a photocopy of your resident alien card (both sides) or other documents to support your status.

FORWARDING ADDRESS:

PLEASE BE SURE TO FILL IN YOUR FORWARDING ADDRESS:

Name: _____
Street: _____
City, State & Zip: _____
Phone: _____

RETURN THIS FORM along with a copy of your deed, survey and title insurance policy and other documents requested herein as soon as possible by email, fax or mail. Also, please sign and date the mortgage payoff form on the last page. We will complete the other information.

Mildred J. Hamilton, Esq.
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(630) 604-4478 (fax)
mjhamiltonesq@verizon.net

TO: _____

ATTN: MORTGAGE PAYOFF DEPARTMENT

RE: LOAN #: _____
NAME: _____
ADDRESS: _____

DEAR SIR/MADAM:

WE HEREBY AUTHORIZE YOU TO PROVIDE PAYOFF INFORMATION
(INCLUDING STATUS OF PAYMENT OF REAL ESTATE TAXES, IF
APPLICABLE) FOR THE ABOVE REFERENCED LOAN TO
MILDRED J. HAMILTON, ESQ.

KINDLY PROVIDE THIS INFORMATION IMMEDIATELY SO AS NOT TO
DELAY CLOSING ON THIS PROPERTY.

Signature Date

Social Security #

Signature Date

Social Security #