

This form is to be completed in full and sent by facsimile, 202-363-1377 c/o Claudia Roca or by e-mail, settlements@edmundjflynn.com

REQUEST FOR SETTLEMENT/CLOSING

Cooperative: _____

Address: _____

Unit No. _____ **Garage / Parking Space:** _____

Requested Closing Date: _____ **Requested Time:** _____
(Date & Time will need to be confirmed with our office)

Sales Price: \$ _____ **Earnest Money Deposit:** \$ _____ **Held By:** _____

Seller(s): 1. _____ **Buyer(s):** 1. _____

2. _____ 2. _____

SSN: 1. _____ **SSN:** 1. _____
2. _____ 2. _____

Address: _____ **Address:** _____

Telephone Numbers:
(H) _____

(W) 1. _____

(W) 2. _____

(Cell) 1. _____

(Cell) 2. _____

Telephone Numbers:
(H) _____

(W) 1. _____

(W) 2. _____

(Cell) 1. _____

(Cell) 2. _____

Seller=s Current Mortgage Info:

(Lender=s Name)

Phone: _____ **Fax:** _____

Acct No: _____

2nd Mortgage or Equity Line: _____

Acct No. _____

Buyer=s Lender Info:

(Lender=s Name)

Phone: _____ **Fax:** _____

Acct No: _____

Loan Officer: _____

Tel: _____

Listing Agent:

Company: _____

Agent=s Name: _____

W: _____ **Fax:** _____

Cell: _____

Commission (%): _____ **Admin Fee:** _____

Selling Agent:

Company: _____

Agent=s Name: _____

W: _____ **Fax:** _____

Cell: _____

Commission (%): _____ **Admin Fee:** _____

Other Information regarding the sale:

Closing Credit: _____ **Repairs:** _____ **Escrows:** _____

Special Notes:

If an estate is involved, a death certificate & letter of administration must be provided to our office.

All closing credits must be approved by the buyer=s lender prior to settlement.

The Buyer(s) must be approved by the Cooperative prior to settlement. The Board=s approval must be obtained in writing.

If the buyer wishes the ownership to be in the name of a Trust, the buyer=s application for the Board=s approval must be in the name of the Trust and the Board=s approval must be granted in writing.