

CLOSING REPORT – SALE FORM

When do you file a closing report form?

This form should be submitted upon the sale (successful closing) of any unit.

What is the object of the form?

The object of requiring a Homeowner to report the closing of their unit is to keep track of who is living in the units and to better serve new Homeowners by improving our methods of communication.

Working Capital Fee

Residents are reminded that pursuant to the 2005 amendment to the Declaration of Covenants, a Working Capital Fee in the amount of 2X the current monthly homeowner fee is due at closing, payable to the Association. This fee will be deposited to the Association's Reserve Account .

NAME OF PAST OWNER: _____

PHONE: WK: _____ HM: _____

ADDRESS: _____

NAME OF NEW OWNER: _____

PHONE: WK: _____ HM: _____

CLOSING DATE: _____

MORTGAGE LENDER/PHONE NUMBER: _____

A COPY OF THE DECLARATION AND BY LAWS HAS BEEN GIVEN TO THE NEW HOMEOWNER: YES _____ NO _____

SIGNED: _____ DATE: _____

**MAIL TO: TOWNE PROPERTIES
500 THOMAS MORE PARKWAY
CRESTVIEW HILLS, KY 41017
ATTN: Debbie Zai**

FOR OFFICE USE ONLY:

DATE RECEIVED: _____
DATE WELCOME LETTER SENT: _____
DATE NOTIFIED INSURANCE CARRIER: _____

NOTIFICATION OF PENDING SALE FORM

When do you file a closing report form?

This form should be submitted as soon as you have accepted an offer to purchase on your unit.

What is the object of the form?

The object of requiring a Homeowner to report the closing of their unit is to keep track of who is living in the units and to better serve new Homeowners by improving our methods of communication.

Working Capital Fee

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NAME: _____

PHONE #'S: WORK: _____ **HOME:** _____

ADDRESS: _____

LISTING BROKER, IF ANY: _____

NAME OF PROSPECTIVE PURCHASER: _____

NAMES OF PEOPLE TO OCCUPY UNIT: _____

TENTATIVE CLOSING DATE OF SALE: _____

MORTGAGE LENDER/PHONE NUMBER: _____

IS UNIT TO BE OWNER OCCUPIED OR LEASED: _____

MAIL TO: **TOWNE PROPERTIES**
 500 THOMAS MORE PARKWAY
 CRESTVIEW HILLS, KY 41017
 ATTN: Debbie Zai

FOR OFFICE USE ONLY:

DATE RECEIVED: _____