

Note to Buyer: Please reference the Declaration of Covenants and Restrictions for Camden Townhomes at Cary Park, Article VIII. Restrictions, Section 14. Leasing Rental Cap has been met.



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

Management Professionals, Inc  
WWW.ELITE-MGMT.COM

**REAL ESTATE TRANSFER REQUEST FOR INFORMATION**

If requested four (4) or more business days from closing there is a \$100.00 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 \$125.00. 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: \_\_\_\_\_