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Raleigh NC 27612  
Phone 919-233-7660  
Fax 919-233-7661



Management Professionals, Inc  
WWW.ELITE-MGMT.COM

**REAL ESTATE TRANSFER REQUEST FOR INFORMATION**

**Note to Buyer: It is strongly recommended that the buyer review the 2<sup>nd</sup> Amendment to the CCR's for Eagle Ridge Golf Community excluding the leasing of any property. These can be found at [www.eagleridgehoa-nc.com](http://www.eagleridgehoa-nc.com)**

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: \_\_\_\_\_

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.**

**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: \_\_\_\_\_