

Homeowners Association/Condominium Status

Please Complete All Lines Marked With ►

► Property Address: _____

► Seller's Name: _____

► Condominium Name: _____

► Amount of Dues per 1 billing cycle: \$ _____

► Are dues paid: cycle?

() Monthly

() Quarterly

() Annually

() Other _____

► Are dues paid current?

() Yes / Date paid _____
Month/Day/Year

() No / Amount in arrears \$ _____
Amount due to bring current

► PAID DUES Period Covered: _____ to _____
Month/Day/Year Month/Day/Year

► ARREAR DUES Period Owing: _____ to _____
Month/Day/Year Month/Day/Year

► Name: _____
Condominium Management Company or Association Name

► Contact: _____
Contact Person or Association Manager-Treasurer

► Phone No: _____ ► Fax No: _____

► Email (if known): _____

We authorize management to confirm this information and to provide Liberty Title with a membership transfer packet and a final bill.

SELLER

SELLER

(Date)

PLEASE SEND THE INFORMATION TO: LIBERTY TITLE AGENCY

NAME: _____

PHONE: _____

FAX: _____

EMAIL: _____

FILE NO: _____