

Mail To: GRS Management Association, Inc.
3900 Woodlake Blvd, Suite 309
Lake Worth, FL 33463

Office (561) 641-8554
Fax: (561) 641-9448
www.grsmgt.com

REQUEST FOR RESALE PACKAGE/QUESTIONNAIRES

DATE REQUESTED: _____

SETTLEMENT DATE: _____

THE FOLLOWING INFORMATION IS REQUIRED FOR OUR OFFICE TO PROCESS A RESALE PACKAGE, which includes: the Estoppels Certificate; complete set of Association Document (including the Declaration, Bylaws, Articles of Incorporation and any subsequent recorded Amendments); Association Rules and Regulations; and pertinent Forms.

NOTE: FORM MUST BE FILLED OUT IN ITS ENTIRETY BEFORE PROCESSING WILL BEGIN.

Please note if the account is in collection with an Attorney or the current owner is not listed, the estoppel may take additional time and also could incur additional fees in order to be processed.

Include a check from the Title Company or a Cashier's Check/Money Order with your request. Payment must be received before paperwork processing will begin. Copies of checks will not be accepted as valid payment. Fees are not collected at time of settlement. The estoppel Certificate will be invalid if payment is not honored.

PROPERTY INFORMATION:

Association or Condominium Name: _____

Full Street Address: _____

BUYER/SELLER INFORMATION:

Sellers Full Name(s): _____

Buyers Full Name(s): _____

DELIVERY INFORMATION:

Business Name: _____ Agent File No. _____

Requested by: _____ E-Mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____
(P.O. Boxes Not Accepted)

Phone: _____ Fax: _____

ELECTRONIC DELIVERY: The Estoppel Certificate can be delivered electronically by fax and/or e-mail upon completion at **no** extra charge. If this service is desired, please provide the above information.

PROCESSING:

Please choose one **ESTOPPEL FEE**, one **SHIPPING METHOD** (if applicable) and **add** the **ACCOUNT ADMINISTRATION FEE**.

Note: When processing is complete, the Estoppel Certificate and/or Questionnaire will be e-mailed or faxed to the requestor and the complete "Important Documents package" will be sent by the shipping method that is selected below.

<u>ESTOPPEL FEES: (Select one)</u>	<u>FEES</u>	<u>ADD ALL TOTALS FROM THIS COLUMN</u>
Standard Processing (15 Business Days)	\$200.00	\$ _____
Rush Processing (3 Business Days)	\$300.00	\$ _____
Overnight Processing (1 Business Day)	\$350.00	\$ _____
Standard Refinance (15 Business Days)	\$150.00	\$ _____
Rush Refinance (1 Business Day)	\$200.00	\$ _____
Standard Update (15 Business Days)	\$100.00	\$ _____
Rush Update (1 Business Day)	\$150.00	\$ _____

QUESTIONNAIRE FEES: (Select one)

Questionnaires COA or HOA (2 Business Days)	\$200.00	\$ _____
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SHIPPING METHOD: (you **must** select a shipping method, unless you are ordering a refinance package)

Standard Shipping (5 Business Days)	\$20.00	\$ _____
Rush Shipping (3 Business Days)	\$30.00	\$ _____
Overnight Shipping (1 Business Day)	\$50.00	\$ _____
Pick-up from GRS Management	(No Charge)	\$ _____
Electronic Delivery	(No Charge)	\$ _____

ACCOUNT ADMINISTRATION FEE **\$100.00**

Add Total Dollar Amount Due = **\$ _____**

AFTER CLOSING : YOU MUST MAIL A COPY OF THE BUYERS HUD STATEMENT, WARRANTY DEED, NEW OWNER'S INFORMATION FORM AND CLOSING CHECK TO ENSURE TIMELY AND ACCURATE TRANSFER OF TITLE FOR ASSOCIATION RECORDS.

Payment Information: Note: Acceptable Forms of Payments

Check from the Title Company: Check # _____ Amount: _____

Cashier's Check or Money Order: CC/MO # _____ Amount: _____

NO PERSONAL CHECKS ACCEPTED

For questions, please email us at: ApplicationsAndEstoppels@GRSMGT.com