

# J Brooks & Associates, Inc.

**Accounting • Property Management • Taxes**

## **ESTOPPEL REQUEST FORM**

Date of Request: \_\_\_\_\_

### Property Information

Property Address: \_\_\_\_\_

Association Name: \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

If Bank Owned, Date of Certificate of Title: \_\_\_\_\_

Expected Closing Date: \_\_\_\_\_

Buyer(s) \_\_\_\_\_

### Contact Information

Person Requesting Estoppel: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **To Be Completed by J Brooks & Associates, Inc.**

Maintenance Fee: \_\_\_\_\_ Frequency:  Month  Qtr.  Yearly

Paid Through Date: \_\_\_\_\_ Date of Next Payment: \_\_\_\_\_

Outstanding / Pending Assessments: \_\_\_\_\_

Is there a separate Master Association:  Yes  No

If Yes, List Contact Information: \_\_\_\_\_

Is Consent to Transfer Required:  Yes  No

Have borrowers made application:  Yes  No

Has One Been Ordered:  Yes  No

Are they Approved  Yes  No

Are there any other HOA or Master Association entity(ies) who must provide written confirmation to J Brooks & Associates, Inc. prior to closing:  Yes  No If yes, please provide Contact Information: \_\_\_\_\_

**NOTES:** If unit/property is at attorney for collections, Estoppel will be forwarded to attorney for completion. A Copy of the Warranty Deed is required to process .

**If a Specific Form is Required, please forward to us with this completed request and payment. Estoppel will not be released until payment is received. Thank you.**

**FEE:** \$150.00 made payable to J Brooks & Associates, Inc.