

FLORIDA HOMETOWN

TITLE & ESCROW

Please complete form and return via fax or email to one of the contacts below. Thank you.

File Number: _____ PROPERTY ADDRESS: _____

SELLER INFO:

NAME(S): _____

CURRENT ADDRESS: _____

last 5 digits of SS#: _____ last 5 digits of SS#: _____

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

ADDRESS AFTER CLOSING: _____

MARITAL STATUS as of the date of closing: MARRIED _____ SINGLE _____

LOCAL _____ MAILAWAY _____

US CITIZEN: YES _____ NO _____ FTIN: (foreign tax identification number) _____

PROPERTY IS: (CHECK ONE):

PRIMARY RESIDENCE _____ 2ND HOME _____ INVESTMENT _____

WATER (CHECK ONE): CITY _____ WELL/ SEPTIC _____

DO YOU HAVE A PRIOR OWNERS POLICY? _____ YES _____ NO (IF YES PROVIDE COPY)

DO YOU HAVE AN EXISTING ACCURATE SURVEY? _____ YES _____ NO (IF YES PROVIDE COPY)

HOMEOWNER/ CONDO ASSOCIATION:

CONTACT PERSON: _____

PHONE #: _____ FAX #: _____

IS THERE A 2nd HOA? _____ YES _____ NO

CONTACT INFO FOR 2nd HOA IF APPLICABLE: _____

UTILITY INFORMATION (if water other than well):

UTILITIES PAID TO: _____

PHONE #: _____ ACCT #: _____

PAYOFF INFORMATION:

1ST LENDER: _____ LOAN #: _____

PHONE #: _____ FAX #: _____

2ND LENDER: _____ LOAN #: _____

PHONE #: _____ FAX #: _____

COMMISSION BREAKDOWN/ AGENT INFO:

COMMISSION: _____ % SPLIT: _____

DO YOU CHARGE A BROKER FLAT FEE? YES _____ NO _____ AMOUNT: \$ _____

YOUR E-MAIL ADDRESS: _____

CELL PHONE #: _____

ADDITIONAL INFORMATION: _____

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Naples- Fax: 239.963.2055 or Email: tracy@flhometowntitle.com