



RESALE PACKAGE REQUEST FORM
UNITED PROPERTY ASSOCIATES

Date Requested _____ Date Due (10 business days from receipt) _____

Association _____ Address _____

Name of Requestor _____ Telephone _____

Current Owner(s) _____

Legal Name of Buyer(s) _____

Anticipated Date of Closing _____

Closing Attorney Name _____ Telephone _____

Who will pick up the package? _____ Telephone _____

Package to be picked up from UPA office located in:

_____ Suffolk _____ Virginia Beach _____ Newport News _____ Williamsburg

OR
Mail package to _____ Date Mailed _____

_____ By (UPA Staff Initial) _____

PAYMENT WILL BE MADE:

A) _____ AT CLOSING
VIA CHECK Payable to the Association
CLOSING AGENT: PLEASE MAIL PAYMENT TO
UNITED PROPERTY ASSOCIATES
ATTN: KORINA
525 S. INDEPENDENCE BLVD. SUITE 200
VIRGINIA BEACH VA 23452
(757) 497-5752 FAX (757) 499-7659

PLEASE CHECK PREFERRED VERSION:

[] HARD COPY [] ON CD - PDF FILE

INTERIOR INSPECTION (FOR CONDO ONLY):

[] I WILL ALLOW [] I WILL NOT ALLOW

OR

B) _____ AT TIME OF PICK UP OF RESALE PACKAGE

_____ VIA CERTIFIED CHECK OR MONEY ORDER Payable to United Property Associates (We do not accept cash or personal check)

Amount Paid \$ _____ MO# _____ Receipt # _____

Signature _____ Date _____

RECEIPT OF RESALE PACKAGE

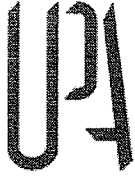
I certify that I have received a Resale Package for the property address noted above:

Signature _____

Date _____

IF THE UNIT OWNER IS USING DIRECT DEBIT TO PAY THEIR ASSOCIATION FEES, PLEASE CONTACT UNITED PROPERTY ASSOCIATES AND INFORM ALISHA ROBERSON, 497-5752 EXT. 211, THE MONTH FOR WHICH DIRECT PAYMENTS ARE TO CEASE.

RESALE PACKAGE AUTHORIZATION FORM



UNITED PROPERTY ASSOCIATES
525 S. Independence Blvd.,
Suite 200
Virginia Beach, VA 23452
PH: 757-497-5752 FAX: 757-499-7659
www.unitedproperty.org

United Property Associates agrees to provide you with the Resale Package at the cost of \$_____ (Plus mailing or rush fee if applicable) with the agreement that the stated amount will be paid during closing.

However, in the event that the sale of the property falls through and the closing does not take place, the seller is responsible for paying the above fee within thirty (30) days from the date the resale certificate is issued.

Payment for Resale Packages must be a separate check made out to United Property Associates.

ACKNOWLEDGMENT

I hereby acknowledge that I have read and agreed to the above statement.

Name of the Seller (or Trustee)

Property Address

Signature

(Seal)

Date