

RESALE PACKAGE INFORMATION FORM



UNITED PROPERTY ASSOCIATES
525 S. Independence Blvd.
Suite 200
Virginia Beach, VA 23452
PH: 757-497-5752 Ext. 228 FAX: 499-7659
www.unitedproperty.org

FAX

To:	From: KORINA ULANDAY
Fax:	Pages: 3
Phone:	Date:
Re:	cc:

IMPORTANT INFORMATION: PLEASE READ!

Please complete the attached form and return it to me. The cost is \$250.00 for the Resale Package. If you want the package to be mailed back to you, the mailing fee is \$12.00 (For credit card payments, there's an additional \$15.00 transaction fee). If you need the package prior to 10 business days – **RUSH (5 business days) is an additional \$50.00 WE DO NOT ACCEPT CASH.**

If you are faxing back your request, please call to verify receipt.

Please be advised that we will not initiate your request for a Resale Package until the written request is completely filled out and is received by UPA. Please use the address below if payment and/or request are to be mailed back to us:

UNITED PROPERTY ASSOCIATES
ATTN: KORINA ULANDAY
525 S. INDEPENDENCE BLVD. SUITE 200
VIRGINIA BEACH, VA 23452

NOTE: For credit card payments, the following is also needed: Expiration date and billing address for the credit card. (Please do not write this down on the form, call 497-5752 Ext. 228.)



**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**

1. _____ VIA CHECK Payable to United Property Associates (We do not accept cash)

RETURN CHECK POLICY: A charge of \$50, including all court costs and attorney's fees shall be charged for all payments which are uncollectible or are returned from your bank for any reason. Submission of this form represents your agreement to these terms.

Amount Paid \$ _____ Check # _____ Receipt # _____

2. _____ VIA DISCOVER, MASTERCARD OR VISA (There is a \$15.00 charge for credit card payments. Indicate your agreement to this condition by signing below)

DISCOVER MASTERCARD VISA CARD NUMBER _____

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



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United Property Associates agrees to provide you with the Resale Package at the cost of \$250.00 (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

----- (Seal)
Signature

Date