



#1 Source Property Management

SELLER INFORMATION & CLEARANCE REQUEST

To Be Completed by Homeowner / Seller — Submit to HOA Management

401 Westpark Ct, Ste 200, Peachtree City, GA 30269 | **470-635-9494** | HOA@1spm.net

SECTION 1 — PROPERTY INFORMATION

Property Details	
Property Address:	
City:	
ZIP Code:	
Subdivision / Community:	
Lot / Unit #:	
Legal Description:	

SECTION 2 — SELLER / OWNER INFORMATION

Owner / Seller Details	
Full Legal Name(s):	
Primary Phone:	
Secondary Phone:	
Email Address:	
Mailing Address (if different):	
Owner Since (Date):	

SECTION 3 — TRANSACTION DETAILS

Sale / Transfer Information	
Anticipated Closing Date:	
Sale Price:	
Buyer's Full Name(s):	
Buyer's Email Address:	
Buyer's Phone Number:	
Buyer's Attorney (if any):	

Seller's Attorney (if any):	
Title Company / Closing Agent:	
Title Company Contact:	
Real Estate Agent (if any):	

SECTION 4 — ACCOUNT STATUS DISCLOSURE

Seller's Self-Reported Account Information	
HOA Dues Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Last Payment Date:	
Amount of Last Payment:	
Known Violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Describe:	
Pending Assessments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Amount / Description:	
Open Work Orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Assessment Balance:	

SECTION 5 — DOCUMENTS REQUESTED FOR BUYER

Check all that apply (fees may apply):

<input type="checkbox"/> CC&Rs; (Covenants, Conditions & Restrictions)	<input type="checkbox"/> Bylaws
<input type="checkbox"/> Rules & Regulations	<input type="checkbox"/> Budget / Financial Statements
<input type="checkbox"/> Reserve Study	<input type="checkbox"/> Meeting Minutes (Most Recent)
<input type="checkbox"/> Estoppel / Demand Letter	<input type="checkbox"/> Architectural Guidelines

SECTION 6 — SELLER AUTHORIZATION & SIGNATURE

By signing below, I/we authorize #1 Source Property Management and the Homeowners Association to release account information to the parties identified above in connection with the sale/transfer of the referenced property. I/we certify that all information provided is accurate to the best of my/our knowledge.

Seller / Owner:

Signature

Date

Print Name

Co-Seller / Co-Owner (if applicable):

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Date

Print Name

FOR MANAGEMENT COMPANY USE ONLY

Date Received:	
Received By:	
File / Reference #:	
Processing Fee Paid:	
Notes:	