

Please complete and return to the Valhalla Mgmt. office before closing date.

BUYER INFORMATION

Building #: _____ Unit #: _____ Expected Date of Closing: ____/____/____

Buyer's Name(s): _____

Tele. #: _____ Email: _____

Buyer's Name(s): _____

Tele. #: _____ Email: _____

Children & ages, if any: _____

Please check here if this will be a rental unit:

(If you check that the unit is a rental please skip Auto's portion)

Mail Address if Non-Resident Owner: _____

Employer: _____ Phone Number: _____

Name of first mortgage holder: _____

Autos: 1. Make: _____ Color: _____ Plate #: _____

2. Make: _____ Color: _____ Plate #: _____

Person to notify in an emergency: _____

Tele. #: _____ E-mail: _____

By initialing I acknowledge

I have received a copy of Valhalla Resident Policies _____

I have received a copy of Valhalla Additional Resident Policies _____

I acknowledge and understand the NO PETS policy and NO Smoking _____

A photocopy or certified copy of the instrument vesting that person with an interest or ownership must be provided. (Valhalla Declaration and By-Laws, Article VII number 1) HUD-I Closing Statement & copy of driver's license are acceptable forms of ownership.

I certify that the above information is correct to the best of my knowledge.

X _____ Date: ____/____/____