



RESALE CERTIFICATION REQUEST

Contact Name: _____

Fax Number: _____ Phone Number: _____

Date: _____ Closing Date: _____

Association: _____ Lot: _____

Unit Address: _____

Seller(s) Name: _____

Buyer(s) Name: _____

Please email the above information to HOAmanager@rogerspm-nc.com

Assessment is: \$ _____ Per ☐ Month ☐ Quarter

☐ Semi-Annual ☐ Annual

Now Paid Through: _____ Please Collect Through: _____

Due from Buyer: _____ Working Capital: _____

Due from Seller: _____ Special Assessment: _____

Total Due to Association at Closing: \$ _____

Make Check Payable to: _____

Mail Check to Address: **PO Box 742 Creedmoor, NC 27522**

Phone Number: **(919) 529-2965**

Certification Fees

_____ Standard Charge - \$200.00

_____ Specifies Rush turnaround / or less than 24-hour notice - \$75.00

_____ Additional Update

_____ **TOTAL CERTIFICATION FEE DUE | Make Check Payable to Rogers Property Management**

I understand the information being requested above is provided as a service to facilitate the sale of the above-described property.