PRO ESCROW, INC.

5920 Evergreen Way, Suite G, Everett, WA 98203 Phone (425) 348-6100 Fax (425) 438-9500

Scheduled to close on or before _____. PLEASE COMPLETE THIS FORM AND RETURN TO OUR OFFICE AT YOUR EARLIEST POSSIBLE CONVENIENCE.

PLEASE RETURN STATEMENT BY FAX 425-438-9500 OR EMAIL TO edocs@proescrowinc.com

TO: **HOMEOWNER ASSOCIATION**
MOBILE HOME PARK OR CONDOMINIUM ASSOCIATION

PROPERTY: _____

OWNER: _____

Amount of Dues : **Payable:** ☐ Monthly ☐ Quarterly ☐ Annually	Amount of Dues **$**	
Any Dues **Currently Owing**:	**$**	
Above Figure will Pay through Mth	Day	Year
Next Payment Due: Mth	Day	Year
Any **Pending Annual/ Special Assessments**: ☐ Yes ☐ No If yes, describe and give amounts	**$**	
Is Insurance Included in Dues ☐ Yes ☐ No		
If Yes **Insurance** is Written Through:		
If applicable Has the buyer(s) been approved? ☐ Yes ☐ No		
Are the utilities included in the monthly rent? ☐ Yes ☐ No		
If yes, name utilities (ie. water, sewer)		
Transfer Fees ☐ Yes ☐ No **Due From** ☐ **B** ☐ **S**	**$**	
Other Fees **Due From** ☐ **B** ☐ **S**	**$**	

The undersigned hereby certified the above information will be relied upon by the new Buyer, the Owner, the Escrow Agent, New Lender and Title Company and is binding upon the association, the executive board and every unit owner.

MAILING ADDRESS FOR Park, Homeowners/Condo Association or Agent:_____

_____

By Signature _____

Print Name _____ Email: _____

Phone No.: _____ Fax No.: _____