



ESCROW NUMBER: _____ ESCROW OFFICER: _____

Agent Name: _____ Broker/Company: _____

Phone #: _____ Email Address: _____

Property Address: _____

Confirm Sales Price: \$ _____ COE Date: _____

1. Homeowners Assoc.: _____ **Phone #:** _____

Transfer Fee	S <input type="checkbox"/> B <input type="checkbox"/>	\$ _____	POC <input type="checkbox"/> YES <input type="checkbox"/> NO
Document Fee	S <input type="checkbox"/> B <input type="checkbox"/>	\$ _____	POC <input type="checkbox"/> YES <input type="checkbox"/> NO
Demand Fee	S <input type="checkbox"/> B <input type="checkbox"/>	\$ _____	POC <input type="checkbox"/> YES <input type="checkbox"/> NO
Minutes Fee	S <input type="checkbox"/> B <input type="checkbox"/>	\$ _____	POC <input type="checkbox"/> YES <input type="checkbox"/> NO
Other Fee	S <input type="checkbox"/> B <input type="checkbox"/>	\$ _____	POC <input type="checkbox"/> YES <input type="checkbox"/> NO

Notes: _____

2. Home Warranty: _____ **Phone #:** _____

Warranty Fee	S <input type="checkbox"/> B <input type="checkbox"/>	\$ _____	POC <input type="checkbox"/> YES <input type="checkbox"/> NO
Charge Agents	LB <input type="checkbox"/> SB <input type="checkbox"/>	\$ _____	
Include	Air <input type="checkbox"/> Spa/Pool <input type="checkbox"/> Comprehensive <input type="checkbox"/>		

Notes: _____

3. Termite Co: _____ **Phone #:** _____

Inspection Fee	S <input type="checkbox"/> B <input type="checkbox"/>	\$ _____	POC <input type="checkbox"/> YES <input type="checkbox"/> NO
Repair Fee	S <input type="checkbox"/> B <input type="checkbox"/>	\$ _____	POC <input type="checkbox"/> YES <input type="checkbox"/> NO
Hold Repair Fee	Y <input type="checkbox"/> N <input type="checkbox"/>		
Need Clearance	Y <input type="checkbox"/> N <input type="checkbox"/>	Prior to COE? Y <input type="checkbox"/> N <input type="checkbox"/>	

Notes: _____

4. Roofing Co: _____ **Phone #:** _____

Inspection Fee	S <input type="checkbox"/> B <input type="checkbox"/>	\$ _____	POC <input type="checkbox"/> YES <input type="checkbox"/> NO
Repair Fee	S <input type="checkbox"/> B <input type="checkbox"/>	\$ _____	POC <input type="checkbox"/> YES <input type="checkbox"/> NO
Hold Repair Fee	Y <input type="checkbox"/> N <input type="checkbox"/>		
Need Clearance	Y <input type="checkbox"/> N <input type="checkbox"/>	Prior to COE? Y <input type="checkbox"/> N <input type="checkbox"/>	

Notes: _____

5. Rent Back: Y N

Hold Rent Back	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____
Hold Security Deposit	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____
Charge	S <input type="checkbox"/> B <input type="checkbox"/>	
Based On	P/I <input type="checkbox"/> T <input type="checkbox"/> I <input type="checkbox"/> HOA <input type="checkbox"/>	

From Date: _____ To Date: _____ @ \$ _____ / Day

Notes: _____

6. Inspections:

Home Inspection: _____ **Phone #:** _____

Inspection Fee S B \$ _____ POC YES NO

Notes: _____

Pool Inspection: _____ **Phone #:** _____

Inspection Fee S B \$ _____ POC YES NO

Repair Fee S B \$ _____ POC YES NO

Hold Repair Fee Y N

Notes: _____

Chimney Inspection: _____ **Phone #:** _____

Inspection Fee S B \$ _____ POC YES NO

Repair Fee S B \$ _____ POC YES NO

Hold Repair Fee Y N

Notes: _____

Natural Hazard Inspection: _____ **Phone #:** _____

Inspection Fee S B \$ _____ POC YES NO

Notes: _____

Misc. Inspection: _____ **Phone #:** _____

Inspection Fee S B \$ _____ POC YES NO

Repair Fee S B \$ _____ POC YES NO

Hold Repair Fee Y N

Notes: _____

7. Coordination Fee: S B \$ _____

8. Compliance Fee: S B \$ _____

9. Commission Total: _____ % Based on \$ _____

_____ % to LB Notes: _____

_____ % to SB _____

10. Confirmed Terms with LB: _____

Seller Signing On: _____

11. Confirmed Terms with SB: _____

Buyer Signing On: _____

12. Loan Agent Information:

Company Name: _____

Loan Agent Name: _____

Address: _____

Phone #: _____

Loan Application Submission Date: _____

13. Misc. Items:

Owner's Title Insurance: S B \$ _____

Lender's Title Insurance: S B \$ _____

Escrow Fee: S B \$ _____

County Transfer Tax: S B \$ _____

City Transfer Tax: S B \$ _____

Misc. Notes: _____

14. Credits:

S Credit B \$ _____ for: _____

LB Credit S B \$ _____ for: _____

SB Credit S B \$ _____ for: _____

B Credit S \$ _____ for: _____

Prepared By: _____ **Phone #:** _____