



**RESALE PACKAGE REQUEST FORM
UNITED PROPERTY ASSOCIATES**

Date Requested _____ Date Due (10 business days from receipt) _____

Association _____ Address _____

Name of Requestor _____ Telephone _____

Current Owner(s) _____

Legal Name of Buyer(s) _____

Anticipated Date of Closing _____

Closing Attorney Name _____ Telephone _____

Who will pick up the package? _____ Telephone _____

Package to be picked up from UPA office located in:

_____ Suffolk _____ Virginia Beach _____ Newport News _____ Williamsburg

OR

Mail package to _____ Date Mailed _____

_____ By (UPA Staff Initial) _____

PAYMENT WILL BE MADE:

A) _____ **AT CLOSING**

VIA CHECK Payable to the Association

CLOSING AGENT: PLEASE MAIL PAYMENT TO

UNITED PROPERTY ASSOCIATES

ATTN: KORINA

525 S. INDEPENDENCE BLVD. SUITE 200

VIRGINIA BEACH VA 23452

(757) 497-5752 FAX (757) 499-7659

PLEASE CHECK PREFERRED VERSION:

HARD COPY **ON CD – PDF FILE**

INTERIOR INSPECTION (FOR CONDO ONLY):

I WILL ALLOW **I WILL NOT ALLOW**

OR

B) _____ **AT TIME OF PICK UP OF RESALE PACKAGE**

_____ VIA CHECK Payable to United Property Associates (We do not accept cash)

RETURN CHECK POLICY: A charge of \$50, including all court costs and attorney's fees shall be charged for all payments which are uncollectible or are returned from your bank for any reason. Submission of this form represents your agreement to these terms.

Amount Paid \$ _____ Check # _____ Receipt # _____

Signature _____ Date _____

RECEIPT OF RESALE PACKAGE

I certify that I have received a Resale Package for the property address noted above:

Signature

Date

IF THE UNIT OWNER IS USING DIRECT DEBIT TO PAY THEIR ASSOCIATION FEES, PLEASE CONTACT UNITED PROPERTY ASSOCIATES AND INFORM ALISHA ROBERSON, 497-5752 EXT. 211, THE MONTH FOR WHICH DIRECT PAYMENTS ARE TO CEASE.