



“A Promise of Quality for Mutual Success”

INSTRUCTIONS FOR ESTOPPEL REQUEST

1. Type or print all information legibly (Association Name, Property Address, Buyer Name, Seller Name)
2. If the Property is bank owned or was purchased through foreclosure auction by the current Owner, please include a Certificate Of Title with this Estoppel Request.
3. Email this Request and ALL future communications to: Estoppels@ManagedByAffinity.com.
4. Payment for this Estoppel Request is nonrefundable and must be in check, money order, or cashiers' checks made payable to: Affinity Management Services 1430 NW 15 Ave Miami, FL 33125
5. Immediately after closing submit completed HUD1 Closing Statement, Deed, and copy of disbursed check to: Estoppels@ManagedByAffinity.com

DISCLOSURES FOR ESTOPPEL REQUEST

1. If Estoppel Request is not properly completed, processing may be delayed.
2. Any Estoppel Request received after 12pm Thursday will be marked received the following Monday.
3. The Estoppel Request will be exclusively satisfied with the Estoppel Form attached hereto.
4. The Estoppel Form will be valid or good for 30 calendar days from the date of completion.
5. ALL other requests and or inquiries for information not already provided in the Estoppel Form MUST be made by submitting a Questionnaire Request. No other request or inquiries will be satisfied without a Questionnaire Request.
6. Any delays in submitting completed HUD1 Closing Statement and Deed may result in collection action appropriately enforced pursuant to the Association's collection policy against the Buyer.
7. Any documentation provided with this Estoppel Form shall be interpreted and used for the purpose of validating the balance due and NOT to communicate alternate disbursement instructions or amounts.
8. Pursuant to Florida Statutes any refund for this Estoppel Request is the obligation of the Owner (Seller). As such, any refund request (demand) that may arise shall be made directly and exclusively from the requesting party to the Owner (Seller).
9. By submitting payment for this Estoppel Request the requesting party acknowledges and agrees to perform the instructions as provided herein, and acknowledges and agrees with the disclosures provided for herein.

(Select As Applicable)

SERVICES:

Estoppel Service

FEE:

\$350 Fee Per Property

TIME FRAME:

15 Calendar Days Processing Time

Rush Service

\$100 Additional Fee Per Property

5-7 Calendar Days Processing Time

Updated Estoppel Service

All requests for Updated Estoppel Service shall be treated as a NEW request

Association Name: _____

Property Address: _____

Owner (Seller) Name: _____

Buyer Name: _____

Closing Date: _____

Below provide the contact information with which to submit the completed Estoppel Form:

Name: _____

Address: _____

Telephone: _____

Email: _____

 RECEIVED: _____ COMPLETED: _____ CHECK #: _____ AMOUNT: _____

COMPLETED BY: _____ SIGNATURE: _____



“A Promise of Quality for Mutual Success”

ESTOPPEL FORM

ASSOCIATION NAME:
PROPERTY ADDRESS:
OWNER (SELLER) NAME:
BUYER NAME:
CLOSING DATE:

Application Needed: Yes No Received Yes No Fee: \$100.00

Certificate of Approval Required: Yes No

Assessment Amount: \$ _____ MO / QTR / SEMI / ANNUAL

Special Assessment Amount: \$ _____ MO / QTR / SEMI / ANNUAL

Special Assessment Dates: Begin: _____ Ends: _____

Special Assessment Payoff: \$ _____ Yes No

Special Assessment Purpose: _____

Violation Fees/Fines: \$ _____

Property Violations: _____

Current Account Balance: \$ _____

Delinquency Services: \$ _____ Administrative Fee
 Yes No

\$ _____ Legal Monitoring

Continued On Following Page 2

Page 1 of 2



“A Promise of Quality for Mutual Success”

Total Balance (Payoff) Balance: \$ _____ Good Through: _____

Total Payable To Management: \$ _____ Payable To: Affinity Management Services
1430 NW 15th Ave
Miami, FL 33125

Total Payable To Association: \$ _____ Payable To: _____

Collection Policy: Grace Period: _____ Days Late Fee: \$ _____

ASSOCIATION CONTACT INFORMATION:

Payment Address:
“Association Name”
PO BOX 166445
Miami, FL 33116-6445

Mailing Address:
“Association Name”
1430 NW 15 AVE
Miami, FL 33125

Phone & Email:
T- 305-325-4243
F- 305-325-4053
CustomerCare@ManagedByAffinity.com