



TITLE ALLIANCE, LLC

*An Affiliate of Title Alliance, Ltd.
An ESOP Company*

700 NE 90th Street, Miami, FL 33138

Phone: 786-762-2716 Fax: 888-638-3934

E-mail: lantunez@globaltitlealliance.com

amaharajh@globaltitlealliance.com

Buyers Name: _____ **Telephone Number:** _____

Property Address: _____

We are processing the above file and are in need of the following information to be submitted to our office before closing. Please complete and send back to us at your earliest convenience.

1. Verify if the transaction is: _____ Cash _____ Loan

If loan provide the following contact information:

A) Lender or broker Name: _____ **Phone** _____

B) Email Address: _____

2. Verify Marital Status of buyers

1st Buyer Name: _____ () Single () Married () Female () Male

Spouse Name: _____ Contact # _____ Email _____

Social Security # _____ Are you a Citizen: Yes/No _____ Are you a Resident? Yes/No _____

Current Address: _____

2nd Buyer Name: _____ () Single () Married () Female () Male

Spouse Name: _____ Contact # _____ Email _____

Social Security # _____ Are you a Citizen: Yes/No _____ Are you a Resident? Yes/No _____

Current Address: _____

3rd Buyer Name: _____ () Single () Married () Female () Male

Spouse Name: _____ Contact # _____ Email _____

Social Security # _____ Are you a Citizen: Yes/No _____ Are you a Resident? Yes/No _____

Current Address: _____

3. Will this be the buyer's primary residence? () Yes () No

4. Provide address for the Deed: _____

5. Provide Vesting for buyers: () tenants in common () joint tenants with full right of survivorship () Other:

6. Is there an HOA () Yes () No. HOA Contact Info: _____ Phone: _____

****IF HOA APPROVAL IS NEEDED YOU NEED TO CONTACT THE MANAGEMENT OFFICE AND SUBMIT APPLICATION****