

**CONTRACT COVER FORM**

Date: \_\_\_\_\_ Sales Representative/AMP Michael Lewis

REO #: A111TQV Loan #: 4004535697 Closing Date: \_\_\_\_\_

Owner Occupant  or Investor  Purchase Price \$ \_\_\_\_\_

All Cash/Other Financing \_\_\_\_\_ HomePath Mortgage Financing \_\_\_\_\_ HomePath Renovation \_\_\_\_\_

Property Address: \_\_\_\_\_

Street: 1517 Rockbridge Road

City/State/Zip: Glasgow, VA 24555

County: Rockbridge County

Complete Name(s) in which title is to be taken (must match offer screen): \_\_\_\_\_

**LISTING BROKER INFORMATION**

Listing Agent Name: Dennis Hawes Company: HOME REALTY

Email: dennis@rockbridge.net mobile phone 540-461-5263

Company Address: Street: 149 West 22nd Street

City/State/Zip: Buena Vista, VA 24416

Phone No.: 540-261-3302 Fax No.: 540-261-2430

**SELLING BROKER INFORMATION**

Selling Agent Name: \_\_\_\_\_ Company: \_\_\_\_\_

Email: \_\_\_\_\_

Company Address: Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**BUYER'S ATTORNEY or SETTLEMENT AGENT (if applicable)**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Email: \_\_\_\_\_

Company Address: Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**FINANCING LENDER INFORMATION**

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Email: \_\_\_\_\_

Company Address: Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**HOA INFORMATION (if applicable)**

Contact Name: No HOA Company: \_\_\_\_\_

Email: \_\_\_\_\_

Company Address: Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**CLOSING AGENT INFORMATION**

Contact Name: Fannie REO Company: Rosenberg & Associates LLC

Email: fanniereo@rosenberg-assoc.com

Company Address: Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: 301-907-8000 Fax No.: 301-907-8151