

# CONTRACT COVER FORM

Date: \_\_\_\_\_ Sales Representative/AMP Melissia Gonzales  
REO #: A1115JB Loan #: 1704026027 Closing Date: \_\_\_\_\_  
Owner Occupant  or Investor  Purchase Price \$ \_\_\_\_\_  
All Cash/Other Financing \_\_\_\_\_ HomePath Mortgage Financing \_\_\_\_\_ HomePath Renovation \_\_\_\_\_  
Property Address:  
Street: 1608 West Jackson Street  
City/State/Zip: Covington, VA 21126  
County: Covington City  
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  
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 Mae Inbox Company: Samuel I White PC  
Email: ehumbert@siwpc.com  
Company Address: Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone No.: 757-217-3734 Fax No.: 757-490-7405