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## Resale Disclosure Package Order Form

I, the Seller ( ) or authorized Agent ( ) am requesting the Virginia Property Owners' Association Act Disclosure Packet for the property at: \_\_\_\_\_

- Please ensure the processing time selected allows the purchaser **3** days to review the Resale Disclosure Package prior to the closing date, as stated in the Property Owner's Association Act.
- Please note if any HOA violations are found during CCR inspection, they must be addressed to obtain Clearance Letter and Release of the Resale Disclosure Packet.

**Please check one below:**

- ( ) Standard Processing 14 business days, package costs \$200.00 includes HOA Package and CCR Inspection
- ( ) Rush Processing 7 business days, package cost \$250.00 includes HOA Package and CCR Inspection
- ( ) Request for additional Hard Copy of HOA Package, cost \$25 per copy above that of the Processing Fee
- ( ) Resale Certificate Update processing 10 business days, cost \$50 (If HOA Package is less than 12 months)
- ( ) If a Re-inspection is requested by either party to update the Clearance Letter, cost \$100 for this service
- ( ) If your Resale Disclosure Package is more than 12 months old, you will need to request a new package

Seller's Name: \_\_\_\_\_  
 Listing Agent: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_  
 Buyer's Agent: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Scheduled Closing Date: \_\_\_\_\_

Closing Attorney or Settlement Agent: \_\_\_\_\_

Settlement Agent Phone: \_\_\_\_\_

Settlement Agent Email: \_\_\_\_\_

Name of authorized person picking up package: \_\_\_\_\_

Will this property be a rental? ( )NO ( )YES If yes, please review HOA Guidelines and Restrictions.

**Fees for this packet must be paid at closing. If closing does not occur within **60** days of delivery or prepared packet is not picked up, the costs will be assessed against the account of the property address and may be collected as an assessment in accordance with the Code of Virginia. **By submitting this form, you are granting permission for CMHOA to enter your property to complete the Clearance Letter (Exterior Inspection) that is required for your package.****

Is the property occupied: \_\_\_\_\_

Ensure any gates are unlocked and accessible. When facing the home, what side is the gate located: \_\_\_\_\_

It is not required for anyone to be present unless we need to access the backyard via the home in which case, we would need either the lockbox code or for someone to meet me. Lockbox #: \_\_\_\_\_

All of the information requested must be provided to accurately process your request

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMAIL TO: CARRIAGEMILLHOA@GMAIL.COM**

Date Received: \_\_\_\_\_

CMHOA BOARD ONLY  
Board Member Signature: \_\_\_\_\_