

SEND LEDGER REQUEST TO
480-820-7441 (FAX) or scan and email to
Resale@kinneymanagement.com



P.O. BOX 25466
TEMPE, ARIZONA 85285 – 5466
(480) 820-3451 (480) 820-7441 (FAX)

3-5 DAY TURNAROUND

LEDGER REQUEST FORM

PLEASE READ CAREFULLY:

You have purchased real property via foreclosure or other non-escrowed transaction subject to a homeowner or condominium association's deed restrictions, including the obligation to pay assessments and other association fees and charges. This form must be completed in order to satisfy a request for a W-9 and/or ledger breakdown [account statement] for the property referenced below. Please ensure that this form is completed in its entirety and that no fields are left blank. Also ensure that any necessary documents such as a blank W-9, trustee's deed, or receipt of sale are provided.

DEEDED OWNER: _____

PROPERTY ADDRESS: _____

DATE OF SALE: _____

RECORDING NUMBER [if available]: _____

MANNER OF CONVEYANCE: Trust Deed or Trustee's Deed Upon Sale
 Warranty or Special Warranty Deed Other _____

IN THE EVENT OWNERSHIP WAS OBTAINED THROUGH FORECLOSURE, THE ENTITY FORECLOSING WAS:
 the holder of a first deed of trust the holder of a second deed of trust

OWNER/AGENT VERIFICATION:

- I AM THE OWNER OF THE PROPERTY.
- I AM THE AUTHORIZED AGENT OF THE OWNER OF THE PROPERTY.
- Real Estate Agent Property Manager Account Manager Other _____

PRINT NAME

SIGNATURE: OWNER OR AUTHORIZED REPRESENTATIVE/AGENT

DATE

W-9 FORM: If a W-9 is needed, submit blank W-9 form with your request.

Please provide the address to which **ALL** Association correspondence is to be sent. The Association maintains as part of its records the property address and a single "bill to" address; the address you provide should be for the person or entity responsible for the payment of assessments. Account information will be mailed to the address you provide here:

****Please include a copy of the deed of conveyance, recorded or unrecorded, or a receipt of sale****