



## ACCOUNT STATUS VERIFICATION

This Section is to be filled out by the person requesting the information.  
Fax the completed form to (703) 263-2177. Forms can also be downloaded at [www.legumnorman.com/downloads](http://www.legumnorman.com/downloads)

**Date of Request:** \_\_\_\_\_

Name of the Association: \_\_\_\_\_

Name of Seller(s): \_\_\_\_\_

Unit Street Address \_\_\_\_\_ Unit Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Requester \_\_\_\_\_ Phone \_\_\_\_\_

Fax # \_\_\_\_\_

**This form will be faxed to the fax number above unless otherwise noted.**

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The section is to be completed by Legum & Norman, Inc.

Regular Assessment payment \$ \_\_\_\_\_ (monthly/quarterly/annually)

Regular Parking Space payment \$ \_\_\_\_\_ (monthly/quarterly/annually)

Amount Due for the Current Period \$ \_\_\_\_\_

Past Due Amount \$ \_\_\_\_\_

Next Payment Due \_\_\_\_\_

Special Assessment:

- A. Total amount of special assessment \$ \_\_\_\_\_.
- B. Monthly amount of special assessment \$ \_\_\_\_\_.
- C. Total amount of special assessment past due \$ \_\_\_\_\_.
- D. Total amount of the remaining special assessment due \$ \_\_\_\_\_.

Miscellaneous Fees:

- A. Utility Escrows \_\_\_\_\_
- B. Other \_\_\_\_\_

**TOTAL AMOUNT DUE THROUGH TODAY'S DATE FROM SELLER \$ \_\_\_\_\_**

**TOTAL AMOUNT DUE FROM PURCHASER \$ 55.00 (New Owner set up fee)**

Please contact the insurance agent for a copy of the certificate of insurance.

Agent \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

All checks should be made payable to the association and sent to the following address along with a copy of the settlement statement or HUD 1:

**Legum & Norman, Inc.  
c/o Judy Conley  
4401 Ford Avenue, Suite 1200  
Alexandria, Virginia 22302**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Entity: \_\_\_\_\_