

## SELLING YOUR HOME ?

**Please use this form to request a Resale Disclosure Packet required by the Virginia Property Owners' Association Act §55-509, which states in part "...A person selling a lot shall disclose in the contract that (i) the lot is located within a development which is subject to the Virginia Property Owners' Association Act, (ii) the Act requires the seller to obtain from the property owner's association an association disclosure packet and provide it to the purchaser..." Information provided in the disclosure packet is valid as of the date of issue. Southlake Cove Townhomes Association, Inc. reserves the right to update information at any time. There shall be no substitution for an OFFICIAL RESALE DISCLOSURE PACKET. Southlake Cove homes convey under Southlake Recreation Assoc. & Montclair Property Owners Assoc.**

**Please furnish the resale disclosure information on the below-mentioned lot. I understand there is a charge of \$150.00 for furnishing this information.**

- **LOT #** \_\_\_\_\_ **PHASE** \_\_\_\_\_ **SECTION** \_\_\_\_\_
- Property Address: \_\_\_\_\_
- Name and Current Address of Property Owner:  
\_\_\_\_\_
- Phone Numbers of Property Owner: Home: \_\_\_\_\_  
Work: \_\_\_\_\_
- Buyer's Name and Current Address:  
\_\_\_\_\_  
 Buyer:             will             will not occupy property.
- Real Estate Agent:    Name: \_\_\_\_\_  
                                  Firm: \_\_\_\_\_  
                                  Address: \_\_\_\_\_  
                                  Phone: \_\_\_\_\_
- Settlement Agent:    Firm: \_\_\_\_\_  
                                  Phone: \_\_\_\_\_
- Please notify the following to pick up Resale Packet (Check only one):  
 Property Owner                     Real Estate Agent
- **Check for \$150.00** payable to Southlake Cove THA (must be collected at settlement.)  
 Mail to Southlake Cove THA, P. O. Box 333, Dumfries, VA 22026.

\_\_\_\_\_  
Signature

**Direct your inquiries or FAX Managing Agent Lin Stauffer @ 703-670-2376 (Please leave a message).**

### FOR ASSOCIATION PURPOSES ONLY

SCATHA Control #                    10- \_\_\_\_\_  
 Date Request Received:            \_\_\_\_\_  
 Check #:                                \_\_\_\_\_  
 Date of Packet Delivery:            \_\_\_\_\_  
 Signature:                                \_\_\_\_\_