

**REQUEST FOR 6(d) CERTIFICATE
APPLICATION**

ASSOCIATION NAME _____

ADDRESS / UNIT # _____

SELLER _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME/CELL TELEPHONE _____

BUYER (OR REFINANCE) _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL ADDRESS _____

HOME/CELL TELEPHONE _____

Check one of the following: BUYER... **WILL RESIDE** **WILL NOT RESIDE** **NON-APPLICABLE**

CLOSING DATE ____/____/____

REQUESTER _____ **TELEPHONE** _____

PICK-UP DATE ____/____/____

(pick-up date should be 2-3 days prior to closing date- please verify closing date with attorney prior to pick-up)

Important

Condominium fees must be paid a minimum of 3 business days prior to the date 6 (D) is requested for.

Applications for a 6 (D) Certificate must be accompanied with a check (for processing) of **\$100.00** made payable to: **GOLD PROPERTY MANAGEMENT.**

If you wish to pay by credit card, check here and an invoice will be emailed to you _____.

Allow five (5) business days for processing after the completed form has been returned to Gold Property Management.

Reprocessing fee is \$50.00 payable to Gold Property Management

For Management Company Only

All applicable portions of this form need to be completed in their entirety.

PAYMENT TYPE

CERTIFICATE FEE ____ **DATE PAID** ____/____/____ **CASH /CHECK #** _____ **AMOUNT \$** _____

DATE 6 D MAILED/HAND-DELIVERED/FAXED _____

APPROVED BY
Gold Property Management

CONDOMINIUM FEE ____ **DATE PAID** ____/____/____ **CASH /CHECK #** _____ **AMOUNT \$** _____