

Date: [Current Date]

To: [Homeowners Association Name / Management Company Name]

Address: [Association Address]

City, State, Zip: [City, State, Zip]

RE: REQUEST FOR ESTOPPEL CERTIFICATE / PAYOFF STATEMENT

Property Address: [Full Property Address]

Owner Name(s): [Seller Full Name(s)]

Account Number: [Account Number if known]

To Whom It May Concern,

I/We, the undersigned, are the current owners of the property referenced above. Please accept this letter as my/our formal authorization for [Name of Title Company/Law Firm/Closing Agent] to request and receive an Estoppel Certificate or Payoff Statement regarding my/our account with the Association.

This information is required in connection with the sale or refinancing of the property. Please provide a full breakdown of any outstanding dues, assessments, late fees, or liens, as well as any known future assessments or violations of record.

Please deliver the completed Estoppel Certificate to:

Recipient Name: [Contact Name]

Company: [Title Company/Closing Agent Name]

Email: [Email Address]

Fax: [Fax Number]

I/We authorize the Association or its management agent to charge any applicable preparation fees to my/our account or to collect them at the time of closing as permitted by law.

Thank you for your prompt attention to this matter.

Sincerely,

[Seller Signature]

[Seller Printed Name]

[Seller Signature]

[Seller Printed Name]