

Richard J. Fox

Licensed in VT and MA

BORROWER INFORMATION SHEET

Please complete this questionnaire and return it via e-mail, facsimile, or U.S. Mail as soon as possible. Timely receipt of this information will enable me to ensure your transaction is completed professionally and accurately and to prepare the closing paperwork with a minimum of delays.

Property located at:			, Vermont
BORROWER INFO	RMATION:		
Name:		Email addres	s:
Home Phone:		Work/Cell p	hone:
Name:		Email addres	s:
Home Phone:		Work/Cell p	hone:
☞ WHICH LENDER	ARE YOU WORKING WITH T	O REFINANCE T	THE PROPERTY?
Lender:			_
Loan Officer/Mortgage Broker Name:		Phone #:	
Lender Name:	AGE INFORMATION: (These mo		off at the time of closing)
Lender Name:		Loan # :	
Phone #:			
Tyou may attach a co	opy of your most recent mortgage	statement(s) in lie	u of completing the above.
Please list any additio	nal mortgage holders on the back of	this page.	
HAZARD (HOMEO	WNERS) INSURANCE INFORM	IATION:	
Homeowners insurance	agent:	Phone:	Yearly Premium: \$
Next Due:	How Paid: Monthly	Yearly	Escrowed w/ payment
■ Include a copy of mo	st recent statement/binder if you have	ve it available to you	

181 Falls Road – PO Box 626, Shelburne, Vermont 05482

telephone: (802)879-7106 facsimile: (802) 732-9113 E-mail: <u>rfox@foxlawvt.com</u>

Contact name for association: _____ Phone: ______ **How did you hear about our Firm? ______

IF CONDOMINIUM, PLANNED UNIT DEVELOPMENT, or HOMEOWNERS' ASSOCIATION:

TERMS OF ENGAGEMENT

The Law Office of Richard J. Fox PLLC is pleased to be able to represent you in the refinance of your property. We strive to build relationships with our clients with a goal of being your trusted resource for all real estate legal matters. Please do not hesitate to ask questions or raise concerns – we are here to guide you through each step of the process.

By completing and returning this form you are creating an attorney-client relationship with this office. This includes a duty of confidentiality, as well as a duty to work on your best interests, from all members of this office.

Timely and thorough communication is important to sustaining this relationship. The Law Office of Richard J Fox PLLC is available to you seven days a week to address questions and concerns.

While most real estate transactions go quite smoothly, there are occasions where issues arise. In those instances, we would expect that you would accept our counsel. If you then wish to proceed in a way that is contrary to this office's professional judgment and advice, you agree that this attorney-client relationship may be terminated.

Payment is due at closing and in the amount agreed upon based upon the scope of services performed on your behalf.

The Law Office of Richard J. Fox PLLC will keep your case file for not less than seven (7) years after the conclusion of this matter, at which time it reserves the right to securely destroy the file unless you have otherwise arranged to have it forwarded to you.

E-mail: rfox@foxlawvt.com

PAYOFF AUTHORIZATION

Lender Name:	Loan #:	
Lender Name:	Loan #:	
		Off f Dish 1
The undersigned hereby authorize the above-named Legarding I. Fox PLLC regarding loan information to including accounts and understand that I/We may withdraw successitution in writing.	but not limited to payoff figures for	the above referenced
In the event this loan is secured by a Mortgage allowing letter authorizes you to freeze the referenced credit lauthorization, please contact the undersigned immediate security interest you have in the property in quest account must be frozen upon issuance of your payoff. I by the subject property. We will be completing an escription on the release of your security interest in the release of the Mortgage securing the line of credit.	line upon issuance of your payoff. If ely. Payment pursuant to your payof tion. In order to avoid unsecured addit you make any additional advances the cow/closing transaction involving a new	f you require further ff will eliminate any ditional advances the ey will not be secured w owner or lender in
Signature (Print Name Below)	Social Security Number	
Signature (Print Name Below)	Social Security Number	
I, as agent for the Law Office of Richard J. Fox PLLC, a accounts for the sole purpose of satisfying the above ref		

and all information collected for the purpose stated above.

Richard J. Fox The Law Office of Richard J. Fox PLLC

E-mail: rfox@foxlawvt.com