UNIT (SHARE OF STOCK) FOR SALE

Name:	Address:				
Phone:	Email Address:				
INITIAL					
You mu	ust keep The Homes office informed of your current phone number.				
winterization i penalty of \$20	have the utilities shut off, you must have The Homes winterize the unit. The charge for is \$40.00. If you have the utilities shut off without the unit being winterized, you will be charged a 10.00. You are financially responsible for any damage that occurs to your unit and/or your it due to utilities being shut off.				
year, you will h	IES MUST BE ON BEFORE THE UNIT CAN BE SOLD. If the utilities are shut off for more than a nave to contact UG Neighborhood Resource Center, 4953 State Ave, Kansas City, KS 66102, (913) ur utility lines will have to be inspected by the city and charges can range from \$300-\$500.				
	nit must be clean to show the unit to prospective buyers. If your unit is not clean and in the ion The Homes will not show the unit.				
I HAVE READ	AND AGREE TO THE TERMS INITITALED				
Sign:	Date:				
Will you be livi	ing in the unit until it is sold? (circle one) YES or NO				
If moving wha	t is your forwarding address:				
Is The Homes	authorized to show the unit? (circle one) YES or NO				
	have Air Conditioning (circle one) CENTRAL AIR or WINDOW UNIT or NONE entral air, how old is the system Documentation of age and service of the central air ided).				
Extras: (List a	ny extras that are remaining with the unit, such as appliances, shed, deck, etc.)				
	E: \$				
I certify that t	the information submitted is true and accurate.				
Sign:	Date:				

MAKE A COPY AND GIVE TO RESIDENT

REQUEST FOR AN EVALUATION/APPRAIISAL FROM THE QUINDARO HOMES FEDERAL CREDIT UNION

QHFCU 913-342-3421 (Hours Monday, Wednesday, and Friday 12:30 pm to 4:30 pm)

The Credit Union will provide an evaluation/appraisal of your unit to determine how much money they will loan qualified buyers. The Credit Union will loan 90% of the evaluation price. **THE COST OF THE EVALUATION/APPRAISAL IS \$35.00 AND MUST BE PAID WHEN SUBMITTING THIS FORM.**

Date:					
Stockholder:		Address:			
Phone #:					
Are there animals in th	e unit? (circle one) YES	or NO			
Please describe:			1110 V - 111		
Does the Credit Union	have permission to get the	key from The Homes office	e? (circle one) YES	or NO	
	oes the Credit Union have p	permission to get the alarn	n code from The Home	s office?	
	to the Credit Union to obta ntment time to do the eval			e, the Credit	
	GIVE THIS TO TI	HE CREDIT UNI	ON		
	TO BE COMPLET	TED BY THE CREDIT UI	NION		
DATE EVALUATED:					
STOCKHOLDER NAME	:		_		
STOCKHOLDER ADDR	ESS:	and the second of the second o			
TOTAL EVAULATION:					

MAXIMUM LOAN AMOUNT:_____