CLOSING EXTENSION REQUEST TO HUD SALES CONTRACT

....
Property Street Address   City   State   Zip Code

FHA Case #:   ....   **Escrow #:**..

Buyer's Name: ....

Broker's Name:..   **Broker's Phone #:**..

Broker's Email: ....   **Broker's Fax #:**...

Reason for Extension:

....

....

Application for mortgage financing on the above-referenced property was made on: ....

to (mortgage lender): ....

However, closing cannot occur within the originally agreed upon time frame of............................ days.

On behalf of my client(s), I am requesting an extension of the scheduled closing date for 15 days.
Please select the fee appropriate to your contract amount:

       Contract Sales Price equal to or less than $25,000   Extension fee is $150.00 ($10 per day)

       Contract Sales Price of $25,001 to $50,000   Extension fee is $225.00 ($15 per day)

       Contract Sales Price over $50,000   Extension fee is $375.00 ($25 per day)

Enclosed is a certified check or money order in the amount of $ .... payable to HUD.
I understand that this extension fee is non-refundable but, if closing occurs in less than the approved
extension of time, my client(s) will be credited at closing for the per day fee for the unused portion of time.
I understand that if this request is denied the check or money order will be returned. The following
documentation is attached in support of this request:

    Copy of the Sales Contract signed by ALL parties, including Ofori & Associates, PC

    Any document provided showing the originally scheduled closing date

    Copy of the mortgage loan application

    Notification from the mortgage lender concerning imminent approval of the application

    Other pertinent documents and information.

Selling Broker's Signature: ....   **Date:**...

Print Broker's Name:..   **Company Name:**..

Broker's Company Address:

....
Street   City   State   Zip Code

      (This section to be completed by Ofori & Associates, PC and by HUD's Closing Agent.)

Date Request Received By Closing Agent:...

Funds in the amount of $:..   **Received by:**..

Original Contract Expiration Date:...........................   **New Contract Expiration Date:** ....

Number Of Extensions Previously Approved:.........................

_____ Extension of 15 days approved. Closing must occur no later than: ....

_____ Extension request denied.

Ofori & Associates, PC Signature:.......................................   **Date:** ....