

ACRIS 2.1 INFORMATION SHEET

It is hereby understood and agreed that \_\_\_\_\_ will prepare the transfer documents related to the transaction referenced below for a fee of \$150.00 per transaction in accordance with the Acris, Phase II program. It is also agreed that said fee will be paid at closing. Please be advised that \_\_\_\_\_ will only prepare the documentation necessary for Acris, which does NOT include the Deed, IT-2663, and Preliminary Registration/Affidavit the Lieu of Registration Form. Please be advised, transfer documents cannot be prepared unless ALL questions are answered.

**SELLERS INFORMATION:**

Sellers: \_\_\_\_\_

Sellers Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Sellers Address after Transfer: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security Numbers/Bin: \_\_\_\_\_

Sellers Attorney: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PURCHASERS INFORMATION:**

Purchasers: \_\_\_\_\_

Purchasers Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Purchasers Address after Transfer: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security Numbers: \_\_\_\_\_

Purchasers Attorney: \_\_\_\_\_

Attorneys Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PROPERTY INFOMRATION:**

Condition of Transfer (see PRT): \_\_\_\_\_

Type of Property: \_\_\_\_\_

Percentage of Real Property Conveyed: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Sale Contract Date: \_\_\_\_\_

Borough/Bloclc/Lot: \_\_\_\_\_

Address Real Estate Tax Bills are to be sent to; (If left blank Purchasers' information will be used).

\_\_\_\_\_

In the space provided below please list any special condition, which may affect the conveyance and therefore determine which schedules are to be completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agreed and Accepted:

\_\_\_\_\_