



Essex Management Group

Below is the 6(d)-request form that will need to be completed in order to obtain the 6(d) certificate.

Please make sure it is signed by the buyer, and that they check the box confirming they have received and read both the condominium documents and the Rules & Regulations.

The 6(D) processing fee is \$125.00. Please allow 5 business days for processing the certificate.

PLEASE ENCLOSE A CHECK FOR \$125.00 MADE PAYABLE TO: ESSEX MANAGEMENT GROUP and mail to P.O. Box 2098, Haverhill, MA 01831. Rush requests (2-4 business days) require an additional \$25.00 charge (to be paid in clear funds – money order or bank check).

Please read the information at the bottom of the form regarding turnaround time so you can coordinate it with your closing date needs.

All outstanding balances MUST be paid prior to our issuing of the 6D, including the condo fees due for the month the property will be sold. Please check with Essex Management regarding any additional move in / move out fees your Association may require.

If the condo fee balance is paid by personal check please allow 5 business days for the funds to clear prior to the 6(d) being issued. If the balance is paid in clear funds, such as a bank check or money order there is no hold on processing the 6(d).

*Please note that the 6(d) Certificate will not be released earlier than 10 days before the closing date.

To obtain a condo questionnaire, resale documents, Condo Documents, By-laws, etc., please visit www.essexmanagementgroup.com. Once on our website click the blue Online Services button then click Order A Questionnaire button. You will be redirected to our third-party site (Ready Resale/Association Ready) where condo questionnaires, sale & refi documents can be purchased.



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Requestor's Information (completed 6D will be mailed here)

Association Name _____

Requestor's Name _____

Street _____

City _____ State _____ Zip _____

Contact number (_____) _____ Closing Date: _____

Email Address _____

How would you like 6(D) delivered: **Mail * Fax * Pick-up** (circle one)

Unit Owner _____

Full Unit Address: _____

☐ **(If Refinancing Check Here - and disregard below section)**

Purchaser Information – THIS SECTION **MUST** BE COMPLETED IN FULL

CHECK ALL THAT APPLY:

Master Deed & By Laws: _____ Given to Purchaser _____ Read by Purchaser

Rules & Regulations: _____ Given to Purchaser _____ Read by Purchaser

Name _____

Street _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Will Purchaser Occupy unit? Yes: _____ No: _____ (If not, please provide mailing address below)

Street _____

City _____ State _____ Zip _____

THIS FORM WILL NOT BE PROCESSED WITHOUT THE PURCHASER'S SIGNATURE

I, the purchaser, acknowledges and agrees to be bound by and comply with the Condominium Trust, Bylaws and all rules and regulations of the Condominium, as the same may be amended from time to time.

Signed: _____

Print Name: _____ **Date:** _____

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