

HOMETOWN TITLE INSURANCE AGENCY, LLC

514 Westfield Avenue

Elizabeth, NJ 07208

Tel: (908) 469-8441 Fax: (908) 469-8460

Sales Rep:

APPLICATION FOR TITLE INSURANCE

Date : _____ Closing Date: _____ Binder needed by: _____

OWNER/SELLER'S INFORMATION:

1. Name: _____ Maiden Name: _____

SS#: _____ Marital Status: _____ Driver Lic. # _____ D.O.B _____

2. Name: _____ Maiden Name: _____

SS#: _____ Marital Status: _____ Driver Lic. # _____ D.O.B _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

PROPERTY INFORMATION:

Property type: Residential _____ Commercial _____ Land: _____ Other: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____ Tax Lot #: _____ Tax Block # _____

OWNER/SELLER'S ATTORNEY:

Name: _____ Firm: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Fax: _____ E-mail: _____

Deliver Seller's Binder to: _____

PURCHASER/BORROWER'S INFORMATION:

1. Name: _____ Maiden Name: _____

SS#: _____ Marital Status: _____ Driver Lic. # _____ D.O.B _____

2. Name: _____ Maiden Name: _____

SS#: _____ Marital Status: _____ Driver Lic. # _____ D.O.B _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

PURCHASER/BORROWER'S ATTORNEY:

Name: _____ Firm: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Fax: _____ E-mail: _____

MORTGAGE INFORMATION:

Purchase Price: _____ Loan Amount: _____ Loan Type: _____

Loan Officer's Name: _____ Phone: _____

Mortgage Clause: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail Binder to: _____

BUYER'S REALTOR INFORMATION:

Name: _____ Real Estate Office's Name: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Fax: _____ E-mail: _____

SETTLEMENT AGENT: HOMETOWN TITLE _____ OTHER: _____

Order Flood Certification: Yes ___ No ___

Survey: To be order by Hometown Title ___ To be supplied by Seller/Applicant ___ Enclosed ___ Other: _____