



Dear Perspective Buyer,

First and foremost, thank you for your interest in our community. Second, and most importantly, in order to become a resident within the Holly Village Community, a mandatory background check must be completed and approved *prior* to anyone who'd like to purchase a home whether it be a new home or a resale. The required credit score for residency is 640 and above.

The following document is the **Information Request Form**. This is the form that must be completed by you, however, if you're going to purchase a home with another individual, your spouse, a child over 18, a family member, etc., if both names will be going on the title of the home, then you would fill out both the 1st Subject as well as the 2nd Subject parts of the form. If you're purchasing the home by yourself, then only the 1st Subject part of the form is required.

When the form is filled out in its entirety, please send it back to our office accompanied with either a cashier's check or money order in the amount of \$50.00 *per person*, and made payable to **Holly Village**. Please notate the home's address for which you're interested in buying somewhere on the cashier's check or money order. The \$50.00, per person, is non-refundable.

Please allow five (5) business days for your application to be processed *starting* the day the application and the cashier's check or money order have been received. We do not accept personal checks or cash.

Thank you,

Holly Village Management

Member O.L.G. Land Inc. +/a Holly Village
2 350 Silver Run Rd.
Millville, NJ 08332

Tel.: (856) 825-3083 Fax: (856) 825-5442

2 Please sign >>>>>>>> Member's Signature (Must be signed) Date

6/17

Information Request Form/Facsimile Cover Sheet

This facsimile transmission contains confidential and / or privileged information, intended only for the addressee named above. If you are not the intended addressee, please note that any disclosure, copying, distribution or use of this faxed information is prohibited. If you receive this facsimile in error, please notify us at 1-800-316-2455 so that we can arrange to retrieve the document without cost to you. Member agrees that this request for information is in accordance with and subject to the "Agreement for Service" which was signed between the member and the Credit Clearing House.
Information being requested on:

1st Subject

Notes:

Name: _____
 First Middle Init. Last Birth date

SS # _____

Street : _____ Apt. # _____ Combo ? _____

City _____ State _____ Zip _____ Criminal? _____

Eviction? _____

Signature of subject _____ \$ _____ Application fee

Is this a husband and wife Joint report ? _____

2nd Subject

Notes:

Name: _____
 First Middle Init. Last Birth date

SS # _____

Street : _____ Apt. # _____ Combo ? _____

City _____ State _____ Zip _____ Criminal? _____

Eviction? _____

Signature of subject _____ \$ _____ Application fee

Credit Clearing House
Voice (508) 675-1112 56 North Main St., Ste. #224, Fall River, MA 02720 Fax: (508) 679-4999
National Toll Free Customer Service: Voice: (800) 316-2455 Fax: (800) 440-2045