



SHORT SALE HUD-1 ORDER FORM

To: Harry Minsk, Esq.
Fax: 678-376-2292 or E-mail haroldm@titlelaw.com
From: _____
Date: _____

Listing Agent _____ Brokerage _____
Primary Phone _____ E-mail _____

Selling Agent _____ Brokerage _____
Primary Phone _____ E-mail _____

- Commissions: Listing _____ % Selling _____ % *Any Special Instructions: _____
 Projected Closing Date: _____
 Attach Any Repair Invoices
 Attach Legible Copy of Contract

SHORT SALE SELLERS INFORMATION

Seller 1: _____
SSN: _____ **Attending Closing:** _____ **Yes or No** _____
Work #: _____ **Mobile #:** _____
Home #: _____ **E-mail Address:** _____

Seller 2: _____
SSN: _____ **Attending Closing:** _____ **Yes or No** _____
Work #: _____ **Mobile #:** _____
Home #: _____ **E-mail Address:** _____

Forwarding Address: _____
City _____ State, Zip _____

Homeowner's Association _____ **Contact:** _____
Phone: _____ **E-mail:** _____

www.TITLELAW.com

1735 North Brown Rd., Suite 150 | Lawrenceville, GA 30043 Office: 678-376-8008 | Facsimile: 678-376-2292



GANEK
WRIGHT
MINSK
PC

PAYOFF INFORMATION, AUTHORIZATION & RELEASE

PAY OFF INFORMATION: First Mortgage	
FIRST mortgage co:	
loan number:	
customer svc phone #:	

PAY OFF INFORMATION: Second Mortgage	
SECOND mortgage co:	
loan number:	
customer svc phone #:	

PAY OFF INFORMATION: Home Equity Line of Credit	
HELOC:	
loan number:	
customer svc phone #:	

I/We hereby authorize the above lender(s) to provide all necessary information required to facilitate the closing of the collateralized properties, including but not limited to providing the payoff information, to Ganek Wright Minsk PC.

Borrower 1 Full Name

Borrower 2 Full Name

Borrower 1 Signature

Borrower 2 Signature

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