



790 W. 20<sup>th</sup> Street | Hialeah, FL 33010  
Ph: 305-403-0575 | Fax: 305-885-0613  
www.fourpointsproperty.com

**Estoppel Letter**  
(Account Status Verification)

Fax the completed form to 305-885-0613. Forms can also be downloaded at [www.fourpointsproperty.com](http://www.fourpointsproperty.com)

Date of Request: \_\_\_\_\_

Name of Association: \_\_\_\_\_

Name of Seller(s): \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

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

Name of Requester: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**This form will be faxed to the fax number above unless otherwise noted.**

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**This section is to be filled out by Four Points Property Management, Inc.**

Date: \_\_\_\_\_

Regular Assessment Payment \$ \_\_\_\_\_ (monthly/quarterly/annually)

Months Due: Jan. / Feb. / Mar. / Apr. / May. / Jun. / Jul. / Aug. / Sep. / Oct. / Nov. / Dec.

Past Due Amount (Including Late Fees) \$ \_\_\_\_\_

Next Payment Due: \_\_\_\_\_

Special Assessment:

- A. Total amount of special assessment \$ \_\_\_\_\_.
- B. Total amount of special assessment past due \$ \_\_\_\_\_.
- C. Total amount of the remaining special assessment due \$ \_\_\_\_\_.

Miscellaneous Fees:

- A. Application Fee: \$ \_\_\_\_\_
- B. Other: \$ \_\_\_\_\_

**TOTAL AMOUNT DUE THROUGH TODAY'S DATE FROM SELLER \$ \_\_\_\_\_**

**TOTAL AMOUNT DUE THROUGH TODAY'S DATE FROM BUYER \$ \_\_\_\_\_**

Please contact the insurance agent for a copy of the certificate of insurance.

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

All checks should be made payable to the association and sent to Four Points Property Management, Inc. with a copy of the settlement statement or HUD.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_