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# SCENIC RIDGE HOMEOWNERS ASSOCIATION

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## Transfer of Membership Application Form

**To:** Board of Directors  
Scenic Ridge Homeowners Association  
One Amber Drive  
Croton-on-Hudson, NY 10520

**Name(s) of the sellers:** \_\_\_\_\_  
**Scenic Ridge Property Address:** \_\_\_\_\_

**Buyer's/s' name(s):** \_\_\_\_\_

**Name of buyer's/s' lender/bank:** \_\_\_\_\_  
**Bank's address:** \_\_\_\_\_

**Contact name at bank:** \_\_\_\_\_  
**Bank's phone number:** \_\_\_\_\_

**Name of buyer's homeowners' insurance company:** \_\_\_\_\_  
**Policy number:** \_\_\_\_\_  
**Insurance Company's address:** \_\_\_\_\_

I, \_\_\_\_\_, present owner(s) of \_\_\_\_\_, Scenic Ridge, Croton-on-Hudson, New York, hereby surrender my/our Homeowners' Association Membership to my/our buyer/buyers as of the closing date of the sale of my property in Scenic Ridge. I will furnish my buyer/buyers with a copy of the Scenic Ridge Homeowners Association Declaration of Covenants, Conditions, Restrictions, and Easements, the Scenic Ridge Homeowners' Association By-Laws, Subsequent Resolutions and Amendments and the Scenic Ridge Homeowners' Handbook. As the present owner, I understand because I/we have subscribed my/our name to this application, that **before closing, I/we will make the buyer/buyers aware of their responsibility for the payment of one-fourth the current annual assessment (to be used as a capital fund contribution for the Association) plus one-fourth the current annual assessment** (to be submitted as an Administrative Fee), totaling one half the current annual assessment. **Payment will be submitted by personal check or money order per the conditions in the following paragraph made payable to "The Scenic Ridge Homeowners' Association"** along with this completed application.

The Association will NOT release a Statement of Assessments letter until: (1) this COMPLETED FORM; and a (2) POSTDATED CHECK OR MONEY ORDER are received for full payment (from the buyer) OR a SIGNED LETTER FROM THE BUYER'S ATTORNEY, stating the fees will be held in escrow and paid to the Association within seven calendar days after the closing, is received, along with the completed Transfer of Membership form. In either option, the completed Transfer of Membership form and a payment option must be submitted to the Association before the closing.

|            | Signed | Date  |
|------------|--------|-------|
| Seller(s): | _____  | _____ |
|            | _____  | _____ |
| Buyer(s):  | _____  | _____ |
|            | _____  | _____ |

### Optional Information

Buyer's/Buyers' Email Address \_\_\_\_\_  
Buyer's/Buyers' Home Phone Number \_\_\_\_\_  
Buyer's/Buyers' Work Phone Number \_\_\_\_\_