

**The Hampshire Property Management Group, Inc.**

150 Main Street, Third floor, P.O. Box 686, Northampton MA 01061  
phone (413) 582-9970 ~ facsimile (413) 582-9973

**CHANGE IN OWNERSHIP FORM**

(REQUEST FOR MA 6-d or CT Resale Certificate)

6-d or resale certificates will not be released without the following:

- 1) Condo fees paid to date
- 2) Change of Ownership Form completed and sent to HPMG
- 3) Payment received for this request (check made payable to Hampshire Property Management Group)

**For standard processing (within 10 business days) - \$50 for MA 6-d / \$75 for CT Resale  
For RUSH processing (within 48 business hours) - \$75 for 6-d / \$100 for CT**

*Please complete the following information and fax this form to The Hampshire Property Management Group, Inc. at (413) 582-9973 or emailed to caj@hpmgnoho.com*

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

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

Unit Address: \_\_\_\_\_

Selling Price: \_\_\_\_\_

CURRENT Owner Information:

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

NEW Owner's information:

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address after closing: \_\_\_\_\_

Will new owner(s) be living in unit? Yes/No If NO – Will unit be rented to a non-relative? Yes/No  
Relation to owner?: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Buyers have received a copy of the Master Deed, By-Laws, and Rules and Regulations.

**The Seller or his/her designee authorizes HPMG to release information on the above unit to:**

**Name of person completing this form:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address to mail certificate to:** \_\_\_\_\_

**Would you prefer to pick up the Certificate? YES \_\_\_ NO \_\_\_**

**For HPMG use only:**

Monthly Fees paid to: \_\_\_\_\_ As of: \_\_\_\_\_ 6(d) sent on: \_\_\_\_\_ billed amount \_\_\_\_\_