

## **PROPERTY PURCHASE REQUEST FORM**

Submit this form (and required documentation) if your property has been listed consecutively for 180 days, you have met all VAP Eligibility criteria and program requirements and have not sold your property, and you request the College to purchase your Eligible Property

Dartmouth College Value Assurance Program  
PROPERTY PURCHASE REQUEST FORM

I own an Eligible Property and listed it for 180 consecutive days following VAP procedures. I have not sold my property and I request that Dartmouth College purchase my Eligible Property as outlined in the VAP Booklet.

*Please print all responses unless otherwise noted.*

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Property Location**

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

Street Address: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

**Your Contact Information**

Mailing Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Your Real Estate Agent**

Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**Signatures**

Owner (Seller) \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Co-Owner's Signature, if any \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

*Important Note: The Social Security Number of each owner is required in order to submit required forms to the Internal Revenue Service for any monies that you receive from this program.*

Real Estate Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This Form plus a copy of the Multiple Listing Service listing report, a copy of every written offer and counter offer made on the property during the 180 day listing period, the Multiple Listing Service history (e.g., price changes), and documentation of any other changes to the listing or to the property itself during the listing period, must be emailed [Facilitator@DRM.com](mailto:Facilitator@DRM.com) to prior to the end of the Program Term.**