

VAP APPLICATION

**Submit this form (and required documentation) after
you close on your property**

Dartmouth College Value Assurance Program
APPLICATION

I owned an Eligible Property and sold it following VAP procedures.

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: _____

Purchaser Information

Purchaser Name(s): _____

Purchaser Phone Number: _____

Date of Closing: _____ Sale Price: _____

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 Application plus a copy of the executed purchase agreement, closing statement, and recorded deed must be emailed to Facilitator@DRM.com within 30 calendar days of closing in order for your Application to be processed.