

## KOMENSKY AVENUE RESALE INSTRUCTIONS\*\*\*

*Congratulations on the sale of your home. Please follow these instructions carefully to ensure the timely and accurate closing of your unit. The following procedures are necessary for the completion of a Paid Assessment letter and/or 22.1.*

By requesting any information from this site, the unit owner allows the release of information requested by the above listed parties on the unit, and accepts any responsibility for any incorrect information which may result in reprocessing or additional fees thereof.

**All assessments or balances MUST be paid through the month of closing payable to KOMENSKY AVE.** The final assessment payment is to be made in the form of certified funds, no personal checks accepted due to time sensitivity. Please forward this payment to Williamson Management, 215 William Street, Bensenville, IL 60106. **After ALL PAYMENTS have been made and cleared by the bank, a release letter will be issued.**

You must pay for items through this web site by credit card or check and use the Georgia address to send payment ONLY. All documents & deposits must be sent to Williamson Mgmt, 215 William Street, Bensenville, IL 60106.

As part of your closing process, you must provide the buyer with the following items. If you are missing any items that Management can replace, you may purchase them from this site if available.

- Declarations and Bylaws
- Rules & Regulations
- Unused monthly assessment coupon book
- Mailbox and house keys (replacement not available from management)

You must purchase the paid assessment letter through this site and any further resale documents you may need, please make sure you provide the completed release form, rental form, Rules/Regs confirmation form signed by buyer (which are below) & contract pages (1st pg & signature pg only).

There is a \$300.00 move out deposit and \$300.00 move in deposit payable to Komensky in the form of certified funds and must be sent to Management along with attached move in/out form from both the seller & buyer. Please notify the buyer of this. **Send deposits to Williamson Management, 215 William Street, Bensenville, IL 60106 Resale Department.**

Any request from you, realtors, attorneys, or the mortgage company for specific documents or other items required for your closing other than the items listed for purchase on this site, must be submitted in writing to our office. Please email any requests to [phorbach@williamsonmanagement.com](mailto:phorbach@williamsonmanagement.com).

**The attached release form, signed rental form, buyer signed confirmation form and copy of contract (1<sup>st</sup> pg & signature pg only), move out deposit & form and move in deposit & form MUST be returned to Management before a paid assessment letter will be released.**

**Please fax or email documents to 630-238-3188 or [phorbach@williamsonmanagement.com](mailto:phorbach@williamsonmanagement.com). If sending them by mail please mail to Williamson Management, 215 William Street, Bensenville, IL 60106.**

**If you have any questions please email [phorbach@williamsonmanagement.com](mailto:phorbach@williamsonmanagement.com) with your questions.**

**Thank you and best wishes.**

**RELEASE FORM**

ASSOCIATION \_\_\_\_\_

UNIT # \_\_\_\_\_

**\*\*\*PLEASE PRINT & DO NOT RETURN UNTIL ALL INFORMATION IS COMPLETED.**

ADDRESS: \_\_\_\_\_

SELLER: \_\_\_\_\_

SELLER'S NEW ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SELLER'S PHONE # (CELL): \_\_\_\_\_ (HM/WK) \_\_\_\_\_

BUYER: \_\_\_\_\_

BUYER'S CURRENT ADDRESS: \_\_\_\_\_

BUYER'S PHONE # (CELL): \_\_\_\_\_ (HM/WK) \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_

SELLER'S ATTORNEY: \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

SELLER'S REALTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SELLER'S REALTOR EMAIL \_\_\_\_\_

**WILL THIS UNIT BE A RENTAL UNIT? YES \_\_\_\_\_ NO \_\_\_\_\_**

OFF SITE ADDRESS: \_\_\_\_\_

FOR OFFICE USE ONLY

**VIOLATIONS CLOSED** \_\_\_\_\_

**UNIT TRANSFERRED** \_\_\_\_\_

**RENTER'S DELETED IF NECESSARY** \_\_\_\_\_

**CURRENT BALANCE TO BE TRANSFERRED** \_\_\_\_\_

KOMENSKY  
RESTRICTIONS REGARDING  
RENTING OF PROPERTY

Please be aware that the Association's documents limit the number of units which can be rented at any time. Currently, there is a rental cap at 4 units which has been met, at this time.

In the event the number of units being rented falls below this cap, unit owners wishing to rent out their unit must submit their request to rent in writing and forward the request to Management/Board.

By submitting a request this will not guarantee that authorization will be granted to rent. If a unit owner is found to rent out their unit without authorization they will be subjected to violations with applicable fines and possibly the eviction of the renter. All attorney and legal fees will be charged back to the unit owner, who will be solely responsible to those fees

The buyer must sign this form and return it to the resale department before the paid assessment letter will be issued.

I am signing this form stating I understand and will abide by the rental rules.

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Unit Address

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Buyers Printed Name

Date

---

Buyers Printed Name

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Signature

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Signature

**RULES & REGS CONFIRMATION FORM  
FOR KOMENSKY AVE CONDO ASSOC.**

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**All Homeowner' current and/or new homeowner's must sign, date and return this form to the Management Office. This form is confirmation that you have read & understand the Rules & Regulations. It must be signed by the buyer(s) and forwarded back to the Resale Department by fax 630-238-3188 or by email [phorbach@williamsonmanagement.com](mailto:phorbach@williamsonmanagement.com). This must be returned before the Paid Assessment Letter will be released for your closing.**

I/We, the undersigned Owner/s of a condominium in the Komensky Ave Condominium Association do acknowledge that I/We have received and read the Rules and Regulations and will abide by all that is contained therein.

\_\_\_\_\_  
Street address and Unit number of the condominium

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Homeowner 1

\_\_\_\_\_  
Signature - Homeowner 2

\_\_\_\_\_  
phone number of homeowner 1

\_\_\_\_\_  
Phone number of homeowner 2

\_\_\_\_\_  
Email address of signature 1

\_\_\_\_\_  
Email address of signature two

**FOR SELLER**

**MOVING DEPOSIT RETURN FORM**  
(PLEASE PRINT OR TYPE)

**ASSOCIATION** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**SELLER'S INFORMATION:**  
FOR RETURNING DEPOSITS

AMOUNT \$ \_\_\_\_\_

SELLER'S NAME: \_\_\_\_\_

SELLER'S PHONE # \_\_\_\_\_

SELLER'S EMAIL ADDRESS \_\_\_\_\_

MOVE OUT DATE \_\_\_\_\_

CHECK PAYABLE BACK TO \_\_\_\_\_

ADDRESS TO RETURN DEPOSIT TO: \_\_\_\_\_

\_\_\_\_\_

CLOSING DATE OF UNIT \_\_\_\_\_

Please return form to: Williamson Management, 215 William Street, Bensenville, IL 60106, Resale Dept. Check must be payable to your Association.

-----OFFICE USE ONLY BELOW-----

DATE B/M RELEASED \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_ ACCT # \_\_\_\_\_

GL CODE: # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

MOVE-IN \_\_\_\_\_ OR MOVE-OUT \_\_\_\_\_

**FOR BUYER**

MOVING DEPOSIT RETURN FORM  
(PLEASE PRINT OR TYPE)

ASSOCIATION \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**BUYER'S INFORMATION:**  
FOR RETURNING DEPOSITS

AMOUNT \$ \_\_\_\_\_

BUYER'S NAME: \_\_\_\_\_

BUYER'S PHONE # \_\_\_\_\_

BUYERS EMAIL ADDRESS \_\_\_\_\_

MOVE IN DATE \_\_\_\_\_

CHECK PAYABLE BACK TO \_\_\_\_\_

ADDRESS TO RETURN DEPOSIT TO: \_\_\_\_\_

\_\_\_\_\_  
CLOSING DATE OF UNIT \_\_\_\_\_

Please return form to: Williamson Management, 215 William Street, Bensenville, Il 60106, Resale Dept. Check must be payable to your Association.

-----OFFICE USE ONLY BELOW-----

DATE B/M RELEASED \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_ ACCT # \_\_\_\_\_

GL CODE: # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

MOVE-IN \_\_\_\_\_ OR MOVE-OUT \_\_\_\_\_