

## **City of Rochester**

Division of Real Estate 30 Church St, Room 125-B, Rochester, NY 14614

## **PURCHASER INFORMATION FORM**

| PRO   | OPERTY YOU INTEND TO PURCHASE  | TYPE OF SALE                                       | TYPE OF PROPERTY  |  |
|-------|--|--|---|--|
| "NONE | E." DO NOT LEAVE A BLANK SPACE. IF THE PROVIDED. USE ADDITIONAL SPACE ON BA  | QUESTION DOES NOT AF                               | THE ANSWER IS NONE, WRITE<br>PPLY, THEN WRITE "NA" IN THE |  |
| 1.    | FULL NAME:PRINT NAMI   | (In  | dividual, Corporate or Assumed)                           |  |
| 2.    | PRINT NAMI HOME ADDRESS:   |  |   |  |
|       | P.O. BOX (IF ANY, HOME ADDRESS STILL R   | REQUIRED)  | <u>-</u>  |  |
| 3.    | TELEPHONE:   | CELL PHONE #                                       |   |  |
| 4.    | LAST 4 OF SOCIAL SECURITY #: XXX-XX-   | AST 4 OF SOCIAL SECURITY #: XXX-XX- DATE OF BIRTH: |   |  |
| 5.    | EMPLOYER:  |  |   |  |
| 6.    | If the purchaser is a corporation, <u>name of all officers with home address</u> : <u>PLEASE ATTACH TO THIS FORM</u>   |  |   |  |
|       | <ul><li>a. Are any of these corporate office</li><li>b. If so, list the corporations: <u>PLEA</u></li></ul>  |  |   |  |
| 7.    | Do you represent a tax-exempt organization?  |  |   |  |
| 8.    | Address of all real property owned in the City of Rochester within the last five years: (Attach page if necessary)   |  |   |  |
| 9.    | Address of all real property purchased at City real estate auctions (Attach page if necessary):  |  |   |  |
| 10.   | Address of properties with prior year delinquent taxes due the City of Rochester:  |  |   |  |
| 11.   | Has the City of Rochester taken title to any property owned by you via In-Rem Tax Foreclosure proceedings? If the answer is "Yes", list address of any properties taken: |  |   |  |
| 12.   | Address of all properties currently cited for code violations:   |  |   |  |
|       | I swear under penalties of perjury that I have answ I understand that failure to complete the questions property in question and the loss of my deposit.                 |  |   |  |
|       | DATESIGNATURE  | (S)  |   |  |
|       |  |  |   |  |