



## Cancellation Request Form

Please fill out form completely, including a detailed explanation of the reason for the cancellation. **Supporting documentation must be attached and all purchasers must sign.** Failure to provide appropriate documentation and/or signatures may result in cancellation of the sale and forfeiture of the Earnest Money Deposit (EMD). Please refer to the Selling Broker Handbook and the Forfeiture and Extension Policy for disposition of the EMD. Please submit the completed form and supporting documentation via fax to (248) 416-1992 or email to [1Pcancellations@blbresources.com](mailto:1Pcancellations@blbresources.com).

FHA Case Number: \_\_\_\_\_

Property Address (include city, state & county)

\_\_\_\_\_

Purchaser(s):

\_\_\_\_\_

|                  |                        |                    |
|------------------|------------------------|--------------------|
| Purchaser type:  | Owner Occupant         | Investor           |
| Contract status: | Accepted, Not Ratified | Accepted, Ratified |
| Selling Agent:   | _____                  | Agent Phone: _____ |

**Reason for cancellation** (please attach supporting documentation):


- |                                       |                                |
|---------------------------------------|--------------------------------|
| Lender Denial/Insufficient Funds      | Unsatisfactory home inspection |
| Death/Illness within immediate family | Loss of employment             |

Other:

|                     |                   |      |
|---------------------|-------------------|------|
| Purchaser Signature | <b>(Required)</b> | Date |
|---------------------|-------------------|------|

|                     |                   |      |
|---------------------|-------------------|------|
| Purchaser Signature | <b>(Required)</b> | Date |
|---------------------|-------------------|------|

|                         |                   |      |
|-------------------------|-------------------|------|
| Selling Agent Signature | <b>(Required)</b> | Date |
|-------------------------|-------------------|------|

| This section for BLB Resources, Inc. use only  |  |
|--|--|
| BLB Resources Processed by: _____ Date: _____<br>Approved                                      Insufficient documentation to process<br>EMD Disposition:<br>Refund – return 100% of the EMD to purchaser(s)<br>Forfeit – remit 100% of EMD to HUD c/o BLB Resources<br>50/50 Split – return 50% of EMD to purchaser(s), remit 50% to HUD c/o BLB Resources | <br>Contract Cancellation |