



**3P: CT, ME, MA, NH, NJ, NY, RI, VT  
Buyer Select Closing Agent Addendum**

All contracts will be subject to the "Buyer Select" closing agent program. The buyer will choose their own escrow company. HUD will no longer pay for the escrow fee, which will be a buyer expense. Please note Lines 3 and 9 of the HUD-9548 Sales Contract must be filled in with the closing agent listed on this form.

Earnest money deposit (EMD) checks (cashier's check or postal money order only) must be made payable to "buyer selected escrow company or Purchaser(s) name." **Original EMD checks must be delivered to the Local Listing Broker (LLB)** assigned to the property within two (2) business days of bid acceptance, and a copy of the EMD must be included with the original contract package submitted to BLB Resources. Upon contract execution by BLB Resources, the LLB will be instructed to deliver the EMD to the closing agent selected by the buyer.

Completed form must be submitted with original contract package upon bid acceptance. If form is submitted separately from original contract package, please fax to (248) 301-6647 or email to [3PBSP@blbresources.com](mailto:3PBSP@blbresources.com).

I / We agree the EMD is being held undeposited by the LLB and within 48 hours of a ratified sales contract, EMD will be delivered to the closing agent/escrow company listed on this form. I / We authorize BLB Resources to release a copy of the sales contract and addenda for the following property to the closing agent/escrow company listed below.

**Property Information**

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

Property Address (include city, state, zip)

\_\_\_\_\_

Purchaser(s) \_\_\_\_\_

Selling Agent \_\_\_\_\_ Agent Phone \_\_\_\_\_

**Closing Agent / Escrow Company Information**

Company Name \_\_\_\_\_

Mailing Address (include city, state, zip)

\_\_\_\_\_

Escrow Officer \_\_\_\_\_ Phone \_\_\_\_\_

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

Has this company ever closed a transaction on a HUD-owned property?      Yes      No

If yes, please enter Title ID # \_\_\_\_\_

If no, please attach copy of escrow company's state license and insurance.

\_\_\_\_\_  
Purchaser Signature                      **(Required)**                      Date

\_\_\_\_\_  
Purchaser Signature                      **(Required)**                      Date

\_\_\_\_\_  
Selling Agent Signature                      **(Required)**                      Date

<b>This section for BLB Resources, Inc. use only</b>	
BLB Resources Processed by: _____ Date: _____ Approved                      Denied	
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