SELLER_____ BUYER_____

ATTORNEY INFORMATION FORM 2026

Fill in all of the information, sign, date and return to Central Jersey Housing Resource Center (CJHRC) 92 East Main St., suite 407, Somerville, NJ 08876

Your Name: _____

Attorney Name: _____ _____

Attorney Address: _____

_____

Attorney Phone #: ( ) _____

Fax #: ( ) _____

Attorney E-Mail: _____

IMPORTANT: A representative from Central Jersey Housing Resource Center (CJHRC) is required to attend your closing. Therefore, do not select an attorney whose office is more than **20 miles** from CJHRC in Somerville, NJ, **unless** your attorney agrees to attend the closing at a location within the distance requirement.

CJHRC MUST have at least three (3) business days' notice of a closing date and must review and approve the Closing Disclosure before the closing can take place.

Closings cannot be scheduled on any of the following dates due to limited CJHRC staff availability or holidays:

2026 - January 1 & 19, February 16, April 3 & 6, May 22-25, June 19, July 3-6, September 4-8, October 12, November 25-30, December 23—28 & December 31.

By signing this form below, I/We authorize and give permission to the Central Jersey Housing Resource Center (CJHRC) to communicate with my attorney and mortgage lender (if financing is applicable). I/we understand I/We are responsible to share this form with to those parties immediately upon signing a Contract of Sale and applying for a mortgage or loan.

☐ I/We choose **not** to use an attorney. I/We understand that we have been encouraged to retain a real estate attorney to assist us throughout the entire process. I/We acknowledge that legal issues may arise, and by choosing not to have an attorney, we will not be represented. CJHRC will not be able to provide any legal advice or guidance.

Form must be signed if you are using an Attorney or Not

_____ **Date** _____
Authorized signature

_____ **Date** _____
Authorized signature