

SELLER\_\_\_\_\_

BUYER\_\_\_\_\_

**ATTORNEY INFORMATION FORM 2025**

**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 or email to 2cjhrc@gmail.com**

**Your Name:** \_\_\_\_\_

**Attorney Name:** \_\_\_\_\_

**Attorney Address:** \_\_\_\_\_

**Attorney Phone #:** ( ) \_\_\_\_\_

**Fax #:** ( ) \_\_\_\_\_

**Attorney E-Mail:** \_\_\_\_\_

**IMPORTANT:** A representative from CJHRC is required to attend your closing, therefore do not select an attorney that is more than 20 miles from CJHRC address in Somerville, NJ or ensure your attorney will agree to attend the closing at a location that meets these criteria. CJHRC MUST have at least 3 business days' notice of a closing date and must review the closing disclosure and approve same in order for the closing to take place. Closings cannot be scheduled in 2025 on any of the following dates due to limited CJHRC staff or holidays:

January 1 & 20, February 17, April 18 & 21, May 23-27, June 19, July 3-7, August 29, September 1 & 2, October 13, November 26-28, December 1, 23—26 & December 31.

By signing this form below, I/We authorize and give permission to the Central Jersey Housing Resource Center (CJHRC) to speak with my attorney. I/we also agree that this form has been shared with my/our attorney and if getting mortgage financing with that entity. If I/We have not been certified yet or have not selected a property, I/we understand I/We are responsible to share this form with those parties immediately upon signing a Contract of Sale and applying for a mortgage/loan.

**I/We choose Not to use an Attorney.** I/We understand and have been encouraged to select a Real Estate Attorney to assist us through the whole process. Legal issues might arise and we will not be represented and CJHRC will not be able to provide any legal guidance.

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

\_\_\_\_\_  
Authorized signature **Date** \_\_\_\_\_

\_\_\_\_\_  
Authorized signature **Date** \_\_\_\_\_