

## Reverse Improvement Exchange Worksheet

### **Exchangor/Taxpayer Information:**

Name: \_\_\_\_\_

Individual(s)    Trust

Partnership    Corporation    Other \_\_\_\_\_

State of formation: \_\_\_\_\_

Authorized / Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Replacement Property Information:**

Address or Legal Description: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Expected Close Date: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

Lender: \_\_\_\_\_

Short description of improvements to be made: \_\_\_\_\_

\_\_\_\_\_

Estimated value of improvements: \_\_\_\_\_

Estimated completion date: \_\_\_\_\_

Please confirm that the Replacement Property will NOT be used as a primary residence, vacation home, or second home by the Exchangor:    Confirmed

### **Relinquished Property Information:**

Address or Legal Description: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Expected/Actual Close Date: \_\_\_\_\_

Estimated amounts, if known: Sale Price: \_\_\_\_\_

Mortgage Payoff: \_\_\_\_\_

Please confirm that the Relinquished Property is NOT currently being used as a primary residence, vacation home, or second home by the Exchangor:    Confirmed

## Reverse Improvement Exchange Worksheet

### **Replacement Property Title/Escrow/Closer Information:**

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

Contact Name: \_\_\_\_\_ File #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Exchangor's Legal & Tax Advisor, if any:**

Attorney Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accountant/CPA Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Exchangor's Lender, if any:**

Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Exchangor's Realtor, if any:**

Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Relinquished Property Title/Escrow/Closer Information, if known:**

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

Contact Name: \_\_\_\_\_ File # \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Additional Comments, if any:**

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