



**U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner**

**Single Family Acquired Asset
Management System (SAMS)
Buyer Select Closing Agent**

For properties identified for the "Buyer Select" closing agent program, the buyer will chose their own Escrow / Settlement Company. HUD will not pay the escrow fee. The purchaser will be the responsible for any and all closing fees. **Amounts listed on line 5 may be applied toward closing fees. Please note Line 9 of the HUD-9548 Sales Contract must contain the name of the buyer selected closing agent listed on this form.**

***TO ENSURE ACCURACY OF YOUR DOCUMENT, PLEASE UTILIZE THE FILLABLE FORMAT BELOW
HANDWRITTEN DOCUMENTS WILL NOT BE ACCEPTED.***

I/We authorize _____ to release a copy of the sales contract and all applicable addenda/amendments for the following property to the closing agent/escrow company listed on this form.

FHA Case Number _____

Property Address _____ City _____ State _____ Zip _____

Buyers Name _____ Phone Number _____

_____ Phone Number _____

Selling Broker Name _____ Phone Number _____

Listing Broker Name _____ Phone Number _____

TITLE COMPANY / CLOSING AGENT / ESCROW COMPANY INFORMATION

Company Name Saturn Title LLC Phone Number 847-696-1000

Primary Contact Person Teresa or CD Department Phone Number 847-696-1000

Secondary Contact Person Marlene or Shea Phone Number 847-696-1000

Mailing Address 1030 W. Higgins Rd., Suite 365 City Park Ridge State IL Zip 60068

Phone Number fax 847-696-1001 Email Address: packages@saturntitle.com

Has this closing/escrow company previously registered with HUD? YES NO

If yes, please enter Title ID# Saturn0001

If no, attach a copy of Closing/Escrow Company's State license, evidence of Errors and Omissions insurance, and evidence of appropriate fidelity bonding currently in place. .

Purchaser's Signature _____ Date: _____

Selling Agent's Signature _____ Date: _____

As the closing agent/company identified above, we agree that no release, whether written or oral, will be required from the buyer or any other entity prior to forwarding the earnest money to the Department of Housing and Urban Development HUD or their authorized agent should the earnest money is determined as forfeited in part or whole, and such determination is provided in writing by HUD or their designated representatives in accordance with HUD's Earnest Money Policy which the purchaser has signed.

Closing Company Authorized Agent: Marlene Rogowski Date: _____

For Agency Use Only:	
Processed By _____	Date: _____
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>