



**ACCDC**  
ALLEN COUNTY COMMUNITY DEVELOPMENT CORP.

200 E. Berry Street, Suite 170  
Fort Wayne, IN. 46802

260-449-3276

**Lot Purchase Form**

**Primary Buyer**

Name you wish to appear on deed: \_\_\_\_\_

Tax Bill to be mailed to (Address): \_\_\_\_\_

LAST 5 DIGITS OF SS#: \_\_\_\_\_ LAST 5 DIGITS OF DRIVER'S LICENSE #: \_\_\_\_\_

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

**Secondary Buyer - Optional**

Secondary name to be recorded on deed: \_\_\_\_\_

Last 5 digits of SS#: \_\_\_\_\_ Last 5 digits of driver's license #: \_\_\_\_\_

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

Preference to receive deed?  Mail  Pick-up

I, \_\_\_\_\_, am making an offer to ACCDC to purchase a parcel of real estate. I understand that I am committing to purchase such property and failure to complete the purchase may result in being prohibited from purchasing any ACCDC parcels in the future. I understand my payment must be in the form of a cashier's check or money order.

\_\_\_\_ (Initial) I understand that failure to complete the closing paperwork within thirty 30 days from the submittal of the purchase form may cause my offer to be considered void, and the subject parcel may be sold to another purchaser.

Address of Property: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Closing Cost: + \$50.00

**Total:** \_\_\_\_\_

Buyer's Signature

Date

**Rescheduling: If you must reschedule your closing date you must give 24 hours' notice. Absent such notice, a \$100 rescheduling fee may be added to your final bill.** \_\_\_\_\_ (Initial)