Home Payment Protection Program

Seller Agreement

I (We) _____,(hereinafter collectively "Seller") acknowledge and agree that my/our listing REALTOR® _____(hereinafter "REALTOR®") has explained the Home Payment Protection Program ("HPPP" or "Program") terms and provided Seller with the program information and the Program terms and conditions.

Seller understands and agrees that if Seller elects to purchase the HPPP with the listing of Seller's home, the following conditions will apply:

1) Seller's decision to purchase the HPPP with the listing of seller's property must be made the same day that Seller's home is listed with REALTOR®. HPPP remains on the property for as long as it is listed with the REALTOR® under that listing contract.
2) The HPPP benefits are intended to be solely for the Buyer and cannot be assigned or transferred to another person or property.
3) The HPPP benefits Effective Date is the close of escrow date and there is a 90 day exclusion period. To receive benefits, Buyer must meet all of the eligibility requirements specified in the Terms and Conditions. In the event that Buyer is not eligible for HPPP benefits, there will be no refund to Seller.
4) **The cost of the HPPP must be deducted from the Seller's proceeds at time of closing. Seller agrees to give escrow instructions to pay cynoSure Financial, Inc. ("cynoSure") out of Seller's proceeds. If there are insufficient funds at close of escrow, or if payment is not otherwise made to cynoSure at closing, Seller agrees to pay the full amount due and owing to the escrow agent no later than thirty (30) days after close of escrow and the escrow agent will forward the payment to cynoSure.**
5) The Buyer may not renew, or extend, or enhance the coverage under the HPPP or purchase it independently.

Pursuant to the above listed conditions, Seller makes the following election:

____ Yes, Seller understands these conditions and elects that the HPPP be included with the listing.

_____I (We) elect to include the benefit of up to 6 payments of **up to $1,000** at a cost of **$200**

(Please indicate choice with **X-mark**)

_____I (We) elect to include the benefit of up to 6 payments of **up to $1,500** at a cost of **$275**

Property Address: _____ MLS number:_____.

____No, I (We) decline to elect HPPP on the property at time of listing.

_____ _____ _____

Seller (Signature) Seller (Print) Date

_____ _____ _____

Seller (Signature) Seller (Print) Date

_____

Seller Address, City, State and Zip Code Seller E-Mail Seller Phone Number

_____ _____ _____

REALTOR® (Signature) REALTOR® (Print) Date

_____

REALTOR® E-Mail REALTOR® Phone Number

Return this SIGNED form to the following within five (5) days of home listing: cynoSure Financial,Inc., cynoSure Secure, P.O. Box 7691, St. Clair Shores, MI 48080, phone (800) 711-4280; facsimile (586) 360-2111.