## TRIO OFFER SUBMISSION FORM



Trio reviews all executed purchase and sale agreement ("PSA") for conformance with its requirements based on submission date. Real estate professionals working with Trio Customers should complete this form along with an agent prepared Comparative Market Analysis ("CMA") with a submitted home for financing with Trio. Further guidance is available for real estate professionals at trioresidential.com or by contacting us at partners@thinktrio.com. Incomplete forms may cause a delay in Trio approval.

Trio Customer			Cust ID #:			
Property	Address:					
Agent N	ame:		Phone #:	Email:		
Date of F	PSA Acceptance:		Closing Date:			
List Price: \$		\$				
Negotiated Price: \$		\$	Assessor's Office L	ocation:	(County, City, etc.)	
CMA Value (by Agent): \$		\$	HOA Dues:	\$	🗆 Monthly 🗆 Yearly	
Earnest Money: \$		\$	HOA Rental Restric	ctions:	□No	
Year Built:			Interior Sq Ft:			
Bed / Bath:		/		☐ Yes or ☐ No	□No	
Trio Cor	ntract Requireme	ents (Check if Conf	orms with Requirements):			
		imum Approved Pa				
			Approval and Trio Area Ap	proved Maximum)		
	FHA Financing Contingency Included					
$\square$ Buyer's agent has confirmed with listing agent that NO other FHA appraisal has been ordered					has been ordered for this property	
	in the last six months. $\square$ Yes $\square$ No					
	Trio Assignment Addendum or Assignment Language Included					
	Home Inspection Included. Copy Provided to Trio: ☐ Yes ☐ No Unresolved Issues:					
	Seller Paid Home Warranty.  Yes No; If yes, amount paid: \$ Visit www.homewarranty.com to place the warranty order and upload a copy of the Initiating Agent Order Confirmation to your transaction upon receipt.					
	Home Condition: ☐ New ☐ Built within the last 10 years ☐ Older than 10 years ☐ Renovated in last 10 years					
	Age of: Roof; HVAC; Plumbing; Roof Certification if Older than 10 Years ☐ Yes ☐ No					
	Targeted 3% Price Seller Credit for Closing Costs.					
	Amount of Concession: \$ Percentage of List Price:%					
	If not met in contract, how will the minimum be paid?					
	☐ Trio Customer \$; ☐ Agent Commission \$; ☐ Other \$					
lf a Trio	prescribed rea	uirement is not m	et, the following is the p	roposed resolut	ion:	
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Itama Ind	aluda di					
Items Inc		□ Pefrigerator □ Di	shwasher D Microwaye D	J Washer □ Drye	r □ Fireplace Insert □ Wood Stove	
	_	_			Operating equipment □ Hot Tub □ Pool	
			Sion - Li Attached Speakers			
	Li Other					
Closing	Agent: Closing C	office:				
Closer Name:		Phone:	En	nail:		
Submitte	ed By:			(Agent) D	Pate:	
Agent Phone #:			Fmail Address			