

FILL OUT ALL SECTIONS OF THIS FORM BEFORE FILING WITH THE COUNTY CLERK AND FIDUCIARY CLERK/COURT – MUST BE COMPLETED WITHIN 30 DAYS OF SALE
If this is an E-Filed case, upload this form to NYSCEF as a "Foreclosure Action Surplus Monies Form"

FORECLOSURE ACTION SURPLUS MONIES FORM

SUPREME COURT/COUNTY COURT OF THE STATE OF NEW YORK:

COUNTY OF _____

Index No. _____

Plaintiff,

-against-

Defendant.

MORTGAGED PROPERTY:

COUNTY: _____

SBL #: _____

Sale Date: _____

A. To be completed by the Referee

1. Final Judgment Amount per Judgment: \$ _____

2. Adjusted Judgment Amount (Upset Price): \$ _____

(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)

3. Sale Price: \$ _____

(To calculate if there is a surplus, subtract the higher of line 1 or line 2 from line 3 and enter any surplus on line 4)

4. Surplus Amount (enter \$0.00 if no surplus) \$ _____

***If there are surplus funds, attach proof/receipt that the surplus amount was deposited with the Treasurer, Comptroller, Commissioner of Finance, Clerk of Court, etc.*

Referee's TOTAL compensation awarded/fees
earned in this matter:

\$ _____

Referee Name: _____

Telephone: _____

Address: _____

Email: _____

Signature/Date: _____

**If plaintiff is also the purchaser, complete both B. and C.*

B. To be completed by Plaintiff's Rep.

Name: _____

Address: _____

Telephone: _____

Email: _____

Signature/Date: _____

C. To Be Completed by Purchaser

Name: _____

Address: _____

Telephone: _____

Email: _____

Signature/ Date: _____