

**TO BE COMPLETED FOR EVERY SALE BY A COURT-APPOINTED REFEREE AND  
FILED WITH COUNTY CLERK AND CHAMBERS WITHIN 30 DAYS OF SALE**

**FORECLOSURE ACTION SURPLUS MONIES FORM**

SUPREME COURT OF THE STATE OF NEW YORK  
\_\_\_\_\_ COUNTY  
\_\_\_\_\_

\_\_\_\_\_ Plaintiff(s) Part \_\_\_\_\_  
-against- Hon. \_\_\_\_\_  
Index No. \_\_\_\_\_  
\_\_\_\_\_ Defendant(s) \_\_\_\_\_

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

Judgment of Foreclosure Date \_\_\_\_\_ Sale Date \_\_\_\_\_

A. Were there surplus funds?  Yes  No

B. To be completed by the Referee  
Amount of final judgment of foreclosure \$ \_\_\_\_\_  
Sale price of property \$ \_\_\_\_\_  
Upset price \$ \_\_\_\_\_  
Surplus amount \$ \_\_\_\_\_

C. To be completed by Referee conducting the sale (please print)  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

D. To be completed by Plaintiff's  
Representative  
Name (please print) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature and Date: \_\_\_\_\_  
\_\_\_\_\_

E. To be completed by Purchaser  
Name (please print) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature and Date: \_\_\_\_\_  
\_\_\_\_\_