**SAMPLE**

**LAND SALES CONTRACT SUBORDINATION AGREEMENT**

**HOUSING REHABILITATION**

This Subordination Agreement, dated      , by and between  **NAME OF PROPERTY SELLER(S) ,**  **marital status ,** the undersigned Seller(s) is/are the holders of a certain Land Contract dated      , executed between the Seller(s) and  **NAME OF PURCHASER(S)** ,  marital status , as Purchaser(s) for the sale of property situated in the City/Township of      , County of      , State of Michigan, with a legal description of:

Legal Description

The Seller(s) hereby agree(s) and consent(s) as follows:

1. The Purchaser(s) may enter into a loan with the  **GRANTEE NAME**  for the purpose of improving the property, rehabilitating and otherwise improving the structure located on the property, and

2. The aforesaid Land Contract shall be subject and subordinate in every particular to any mortgage now or hereafter to be placed on the premises in favor of the  **GRANTEE NAME**  for a sum of money loaned or to be loaned to the Purchaser(s) for rehabilitation of the structure and/or improvement of the property PROVIDED said sum of money does not exceed  Amount Written Out Dollars ($ Numeric Amount ).

In Presence of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness  NAME OF SELLER , Seller

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness  NAME OF SELLER , Seller

STATE OF MICHIGAN

COUNTY OF

On the  1st, etc. day of  Month ,  Year , the above named persons,  NAME OF SELLER(S) , who are known to me, appeared before me and acknowledged this document to be his/her/their free will act and deed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

type notary name

Notary Public, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, MI

Acting in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRAFTED BY AND WHEN RECORDED RETURN TO:

Grantee Name

Grantee Address

Grantee City, State Zip