



RESIDENTIAL OWNERS ASSOCIATION REQUEST FOR MANAGEMENT PROPOSAL

Name of community: _____

Location (nearest major intersection): _____ City: _____

Number of homes in community: _____
[] Single Family (fee simple) [] Townhomes [] Condominiums
[] Detached Condominiums [] High-rise [] Mixed Use (residential over commercial)

Approximate age of community: _____ Number of Board Members: _____

Developer of community (if known): _____

Is Association a member of Community Associations Institute? [] Yes [] No

Community rules / standards adopted? [] Yes [] No [] Other _____

List of existing committees: _____

Level of homeowner participation / involvement: _____

Reserve study done: [] Yes [] No When: _____ By whom: _____

Transition audit done: [] Yes [] No By whom: _____

Annual audit done: [] Yes [] No By whom: _____

Current regular assessments are: \$ _____ Per: [] Month [] Quarter [] 6 Months [] Year

Any pending special assessments? [] Yes [] No Details: _____

Estimated % residents past due on assessments: [] <5% [] 5%-10% [] 10%-20% [] >20%

Fiscal year: [] Calendar Year [] Other: (_____ through _____)

Current fiscal year budget approved: [] Yes [] No

Are your expenses currently: [] within budget [] below budget [] over budget

Amenities: _____

Does your community use a trash dumpster service? [] Yes [] No

Does your community have a trash compactor? [] Yes [] No

Does your community have an elevator(s)? [] Yes [] No If yes, how many? _____

Are any utilities sub-metered? [] Yes [] No Which ones? _____

Do you have any on-site staff? [] Yes [] No If yes, [] manager [] concierge [] maintenance
[] porter [] other _____

Known or suspected community-wide upcoming major maintenance projects: _____

Reason for change: _____

Anticipated time of change: _____

Expectations / areas seeking to improve: _____

Board meeting frequency and times: _____

How did you hear about us? _____

Contact name: _____

Contact address: _____

Contact phone numbers: _____ Contact e-mail: _____