

# HOMEOWNERS ASSOCIATION (HOA) INFORMATION REQUEST

## ASSOCIATION INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Management Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Number Of Units: \_\_\_\_\_ Number Of Non-Owner Occupied Units: \_\_\_\_\_  
Avg. Monthly Assessment Per Unit: \$ \_\_\_\_\_ Special Assessments Per Unit: \$ \_\_\_\_\_  
Amount Of Delinquent Assessments: \$ \_\_\_\_\_ Current Reserve Amount: \$ \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_

## CURRENT BOARD MEMBERS

Name	Title	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## LOAN REQUEST INFORMATION

Dollar Amount: \_\_\_\_\_ Loan Term: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Source Of Repayment: Regular Assessments: \_\_\_\_\_ Special Assessments: \_\_\_\_\_  
Other: \_\_\_\_\_ Explain: \_\_\_\_\_

## ADDITIONAL INFORMATION

Association Attorney Firm: _____	Reserve Study Firm: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: ( ) _____ Fax: ( ) _____	Phone: ( ) _____ Fax: ( ) _____
CPA Firm: _____	Insurance Agent Firm: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: ( ) _____ Fax: ( ) _____	Phone: ( ) _____ Fax: ( ) _____

PLEASE LIST THE DETAILS OF ANY ACTUAL OR PENDING LITIGATION AND/OR  
ANY ACTUAL PENDING SPECIAL ASSESSMENTS ANTICIPATED IN THE CURRENT OR NEXT FISCAL YEAR.  
ALSO LIST ANY EXISTING LOANS TO THE ASSOCIATION (BALANCE AND MONTHLY PAYMENT):

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