



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: \_\_\_\_\_