



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 Management change: _____

Anticipated time of change: _____

Expectations / areas seeking to improve: _____

Board meeting frequency and times: _____ How did you hear about us? _____

Contact name: _____ Contact e-mail: _____

Contact address: _____ Contact phone numbers: _____