

## Homeowners Association Request

To:			
Fax:			
Attn:			

From:

Fax Number:

Seller/Buyer:

File Number:

Estimated closing date:

Property:

Brief Legal: Lot Unit

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Is there a fee to provide a written Estoppel?  YES  NO Amount \$ \_\_\_\_\_

Application Needed?  YES  NO If YES, has it been received?  YES  NO

Maintenance Fee Amount \$ \_\_\_\_\_ Monthly / Quarterly / Semi / Annual

Last Payment Made \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Next Payment Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Late Fee(s) Due \$ \_\_\_\_\_ for the period of \_\_\_\_\_

Transfer Fee \$ \_\_\_\_\_ Paid?  YES  NO

One time upfront Initiation Fee / Working Capital \$ \_\_\_\_\_

Outstanding Assessments \$ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Any Special Assessments Due \$ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Purpose of Special Assessment \_\_\_\_\_

Is water included in maintenance payment?  YES  NO

Is Association In Good Standing with the State of Florida Department of Corporations?  YES  NO

Is this Unit in Violation of the Declaration/Any Rule/Regulation of the Association?  YES  NO

Is the Association involved in any pending lawsuits?  YES  NO

Is Certificate of Approval Required?  YES  NO

Is Right of First Refusal Required?  YES  NO

Is Right of Second Refusal Required?  YES  NO

Charges for Recreation Lease Payments and/or Rental Payments on underlying ground lease?  YES  NO

If Yes: Am \$ \_\_\_\_\_ Due Date \_\_\_\_\_ Outstanding Amount \$ \_\_\_\_\_

Please provide name and number of Master Insurance Policy Carrier: Hazard & Flood, please. \_\_\_\_\_

Are there any other Associations relative to this property?  YES  NO

If Yes: Are dues for this Master Association included in amounts given above?  YES  NO

Association Name: \_\_\_\_\_

Telephone Number of Association: \_\_\_\_\_ Contact: \_\_\_\_\_

**The information is provided and certified by:**

Authorized Agent for Association (signature) \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Authorized Agent for Assoc. \_\_\_\_\_ Mailing Name and Address of Association \_\_\_\_\_