

# ASSOCIATION INFORMATION

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

**GENERAL INFORMATION:** Association Year End \_\_\_\_\_ Fed Tax Id No. \_\_\_\_\_  
 (if available great, if not skip, will ask if needed)

County Association located in: \_\_\_\_\_ City Association located in: \_\_\_\_\_

Frequency / Day of Month - Board Meetings: \_\_\_\_\_ (e.g. Every month / 3<sup>rd</sup> Tuesday or varies)

Type of Billings:  Billing Statements  Coupons  None  Other: \_\_\_\_\_

Frequency of Billings:  Monthly  Quarterly  Semi Annual  Annual

\*DQ Date: \_\_\_\_\_ \*Late Charge: \$ \_\_\_\_\_ \*Interest: @ \_\_\_\_\_ % per Annum \*will be verified with CC&R's

Special Assessment:  No  Yes, if yes, please provide a copy of the letter sent to the membership explaining the special assessments and the terms of the payment.

Payment Plans:  Yes  No Payment Plans from  3  6  9  12 months without further Board approval.  
 During Payment Plan **LATE FEES** will be shut off in accordance with new law effective 01/01/2006, however, interest will be charged.

**ASSOCIATION CONTACT (if self managed) OR MANAGEMENT COMPANY CONTACT INFORMATION:**

Company Name: \_\_\_\_\_

Address: : \_\_\_\_\_ CA \_\_\_\_\_

Reg Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Managers Name: \_\_\_\_\_ Email: \_\_\_\_\_

Assistant Name: \_\_\_\_\_ Email: \_\_\_\_\_

**FINANCIAL MANAGEMENT PROVIDER CONTACT INFORMATION (If NOT handled by Mgt.)**

Company Name: \_\_\_\_\_

Address: : \_\_\_\_\_ CA \_\_\_\_\_

Reg Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**ESCROW INSTRUCTIONS:**

**ASAP provides pay off demands to escrow company's on all accounts assigned for collection – we need to know how much to charge on your behalf:**

	Assoc.	Mgt.	Fin. Mgt	Other:
<i>Transfer Fee:</i>				
<i>Refinance Fee:</i>				
<i>Other:</i>				
<b>Special Escrow Instructions:</b>				

**ASSOCIATION SET UP: DOCUMENTATION NEED**

- a.) Full copy of the recorded CC&R's [preferred] OR 1st page of the CC&Rs and the Full ASSESSMENTS SECTION of the CC&Rs
- b.) A copy of the Articles of Incorporation, if applicable
- c.) Full copy of the Budget including ALL DISCLOSURES - as it was mailed out to the owners.
- d.) Copy of the current Collection Policy, if not part of the budget disclosures
- e.) Copy of Special Assessment letter sent to the membership, If applicable