

# Community Association Management Information Sheet

Name of Caller: \_\_\_\_\_

Telephone Numbers: (H) \_\_\_\_\_ (W/C) \_\_\_\_\_

## ASSOCIATION INFORMATION

Name of Association: \_\_\_\_\_ No. of Units \_\_\_\_\_

Location: \_\_\_\_\_

Type of Units: \_\_\_\_\_ Sales Price Range: \_\_\_\_\_

Present Management Services \_\_\_\_\_

Occupancy of Building \_\_\_\_\_ Owner \_\_\_\_\_ Unsold \_\_\_\_\_ Rental \_\_\_\_\_

Gross Monthly Assessment \_\_\_\_\_

Approx. Date Building Completed \_\_\_\_\_

Date First Annual Meeting \_\_\_\_\_

Board of Directors President \_\_\_\_\_

V. President \_\_\_\_\_ Treasurer \_\_\_\_\_

Secretary \_\_\_\_\_ Director \_\_\_\_\_

Director \_\_\_\_\_

Board Meeting Requirements \_\_\_\_\_

(# of meetings per year, etc.)

### Active Committees

Finance \_\_\_\_\_ Yes \_\_\_\_\_ No

Operation \_\_\_\_\_ Yes \_\_\_\_\_ No

Social \_\_\_\_\_ Yes \_\_\_\_\_ No

House Rules \_\_\_\_\_ Yes \_\_\_\_\_ No

Engineering \_\_\_\_\_ Yes \_\_\_\_\_ No

Newsletter \_\_\_\_\_ Yes \_\_\_\_\_ No

Exterior Control \_\_\_\_\_ Yes \_\_\_\_\_ No

Other \_\_\_\_\_

Present Capital Reserves \_\_\_\_\_

On-Site Management Facilities \_\_\_\_\_ Yes \_\_\_\_\_ No

On Site Office Requirements \_\_\_\_\_ Yes \_\_\_\_\_ No

Furniture \_\_\_\_\_ Yes \_\_\_\_\_ No

Telephone \_\_\_\_\_ Yes \_\_\_\_\_ No

Copy Machine \_\_\_\_\_ Yes \_\_\_\_\_ No

Typewriter \_\_\_\_\_ Yes \_\_\_\_\_ No

Communication Equipment \_\_\_\_\_ Yes \_\_\_\_\_ No

Building Employees (If yes, name of provider)

Manager \_\_\_\_\_

Bookkeeper \_\_\_\_\_

Secretary \_\_\_\_\_

Maintenance \_\_\_\_\_

Janitorial \_\_\_\_\_

Other \_\_\_\_\_

Professional Agreement (If yes, name of provider)

Attorney \_\_\_\_\_

Auditor \_\_\_\_\_

Engineering \_\_\_\_\_

Insurance \_\_\_\_\_

Existing Contracts (If yes, name of provider)

HVAC \_\_\_\_\_

CATV \_\_\_\_\_

Elevator \_\_\_\_\_

Exterminator \_\_\_\_\_

Janitorial \_\_\_\_\_

Landscape \_\_\_\_\_

Pool \_\_\_\_\_

Security \_\_\_\_\_

Snow \_\_\_\_\_

Scavenger \_\_\_\_\_

Recreation, Amenities, Facilities (If yes, name of provider)

Pool \_\_\_\_\_

Health Club \_\_\_\_\_

Tennis Court \_\_\_\_\_

Clubhouse \_\_\_\_\_

Other \_\_\_\_\_

In-house Maintenance (If yes, name of provider)

Snow Removal \_\_\_\_\_

Landscaping \_\_\_\_\_

Building Code Violations \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How Many?

Law Suits \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How Many?

Insurance Claims \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How Many?

Physical Problems - immediate \_\_\_\_\_

Physical Problems - deferred \_\_\_\_\_

Physical Condition of Common Areas \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair

**ADDITIONAL INFORMATION**

When can we meet with you on the property?

Who is your association's attorney?

Are you involved in any lawsuits?

Who is the association's auditor?

Who is the association's insurance agent?

Where can we obtain a copy of the following:

Declaration:                      Bylaws:                      Budget:

Financial Report:

**REASONS FOR CHANGE**

What are you hoping to achieve by the change? \_\_\_\_\_

\_\_\_\_\_

What are you looking for in management? \_\_\_\_\_

\_\_\_\_\_

**SELECTION PROCESS**

Where did you get our name? \_\_\_\_\_

What other companies are being invited to bid? \_\_\_\_\_

\_\_\_\_\_

What is the decision-making process? \_\_\_\_\_