



ASSOCIATION MANAGEMENT QUESTIONNAIRE

FOR THE FOLLOWING SECTIONS, PLEASE MARK Yes, No, N/A, OR FILL IN THE REQUESTED INFORMATION.

1. **Type of Association:**

Planned Unit Development (Residential)
Condominium
Commercial/Industrial Condo
Mixed Use
Other _____

2. **What services are you requesting?**

Financial Service Only
Administrative & Compliance
Full Service
Full Service with Onsite Employees

3. **Enter your contact information:**

Your Name: _____
HOA Position: _____
Company Name if Developer: _____
Phone Number: _____
Cell Number: _____
Fax Phone: _____
Email address: _____

4. **Provide information about the community:**

Association Name: _____
Property Address: _____
City, State, Zip: _____
Number of Units/Lots: _____
Number of Units/Lots Sold: _____
Number of Phases: _____
Builder: _____
Age of Property: _____

5. **What are the Common Areas in this Association:**

Pools	Cabana/Clubhouse	Hike/Bike Trails
Lakes	Playground/Tot Lot	Monument Sign
Sports Fields	Tennis/Sports Courts	Private Streets
Parks	Water Features	Underground Parking
Walls	Lighting	Gates

Other: _____

6. **Information about Assessments:**

What is the preferred method of assessment collection (monthly statements, booklets, etc) _____

What is the current monthly assessment amount? _____

Frequency of Delinquencies? High Medium Low

7. **Boards and Committees:**

How often does the Board Meet: _____

Number of Board Members: _____

List Committees: _____

8. **Management Background:**

Name of former/current Management Company: _____

Does a reserve study exist? Yes No

Are reserves well funded? Yes No

Are the assessments sufficient to cover operating expenses? Yes No

Is there pending legal action against Association? Yes No

Have Rules & Regulations been adopted? Yes No

Do you currently have a website? Yes No

What is the current frequency of newsletter distribution? _____

Approximately how many management companies have there been for this Association? _____

How long with last management company? _____

9. **Fiscal Responsibility**

Checking account number: _____

Savings account number: _____

CD / Investment account number: _____

List bank name(s): _____

Branch location where bank accounts were opened: _____

Will the management company be authorized to sign checks? Yes No

Is there online banking? _____

10. **Accounting/Legal**

List name of CPA: _____

List name of CPA Firm: _____

List phone number of CPA: _____

List name of Association Attorney: _____

List name of Law Firm: _____

List phone number of Attorney: _____

11. **Insurance**

List name of Insurance Agency: _____

List name of Insurance Agent: _____

List phone number of Insurance Agency: _____

List name of Insurance Coverage Provider: _____

List policy number(s): _____

12. **Maintenance**

How often would you like site inspections to be performed? _____

Is there a preventive maintenance plan in place? Yes No

Are there any ongoing problems related to the common area? Yes No

List problem areas: _____

13. Employees

What is the number of ON-SITE employees?

Full-time? _____

Part-time? _____

None? _____

Does the Association carry workers' compensation insurance for employees? Yes No

14. Comments

What is the anticipated transition date? _____

How did you hear about us? _____

Could you provide suggestions that would help us with our job performance in pleasing the association?

THIS QUESTIONNAIRE WAS COMPLETED BY _____ ON
_____, 20____.