

Contact Details

Your First & Last Name

Name of your Community or Organization

Your Email Address

Address/Location of your Community

Your Phone Number

Website of your HOA organization (if exist)

What Type of HOA Management Services are you looking for?

Full Management

Accounting Only

What are the reasons you are seeking new management?

How did you hear about us?

Community Details Part I

Number of Homes/Units in your Community

Type of Homes in your Community

Age of the Community

Community Amenities

Other Amenities

Community Details Part II

Number of Assessment Levels

Assessment Amount 1

Assessment Amount 2

Assessment Amount 3

Assessment Amount 4

Assessment Amount 5

Assessment Amount 6

Assessment Amount 7

Assessment Amount 8

Assessment Amount 9

Assessment Amount 10

Frequency of Assessments

Monthly Quarterly Semi-Annual Annual

What is the current financial condition of your community?

Great Good Average Poor

What is the current financial condition of your aging?

Great Good Average Poor

Request For Proposal

Frequency of Inspections

Daily Weekly Bi-Monthly Monthly Other

Frequency of Board Meeting

Weekly Bi-Monthly Monthly Quarterly Semi-Annual Annual

Is the association currently in any litigation?

Yes No

Does the association own any units?

Yes No

Any current or anticipated construction defect issues?

Yes No

Any current insurance claims?

Yes No

Part of a Master Association

Yes No

Part of a Metro District

Yes No

Additional Information