



# HOMEOWNERS/PROPERTY OWNERS ASSOCIATION PROFILE SHEET

DATE UPDATED \_\_\_\_\_

Are there multiple Associations concerning the same Condo/Subdivision? ☐ Yes ☐ No  
(If yes attach a separate form for each HOA/POA)

Recorded name of HOA/POA: \_\_\_\_\_

Type of HOA/POA: ☐ Condominium ☐ Subdivision ☐ Other \_\_\_\_\_  
☐ Includes Planned Unit Development Ownership

Membership mandatory? ☐ Yes ☐ No

Is Condominium/Subdivision located in Municipal Utility District? ☐ Yes ☐ No

If yes, list name of MUD: \_\_\_\_\_

If this is a condominium community, is it: ☐ Original Development ☐ Apartment conversion ☐ Other

Is Condominium: ☐ VA Approved ☐ FHA Approved

If Condominium - Is a "Right of First Refusal" required by the association? ☐ Yes ☐ No

Association Fee \$ \_\_\_\_\_ Payable: ☐ Monthly ☐ Quarterly ☐ Yearly

Transfer Fee \$ \_\_\_\_\_ Mandatory Deposits of any kind due at closing? ☐ Yes ☐ No

Resale Certificate Neighborhood Docs Fee \$ \_\_\_\_\_

Payable by: ☐ Buyer ☐ Seller

Are there any fees/assessments/special assessments of any kind? ☐ Yes ☐ No

If yes, what are they? \_\_\_\_\_

Name of HOA/POA Management Co.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Amenities/Services provided by the HOA/POA

Check all that apply:

<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Basketball Court	<input type="checkbox"/> Party/Meeting Rm.	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Baseball Court	<input type="checkbox"/> Gas	<input type="checkbox"/> Pest Control	_____
<input type="checkbox"/> Sauna	<input type="checkbox"/> Volleyball Court	<input type="checkbox"/> Electricity	<input type="checkbox"/> Garbage Pickup	_____
<input type="checkbox"/> Club House	<input type="checkbox"/> Soccer Field	<input type="checkbox"/> Water	<input type="checkbox"/> Electronic Gate	_____
<input type="checkbox"/> BBQ/Picnic Area	<input type="checkbox"/> Jogging Trail	<input type="checkbox"/> Grounds Maint.	<input type="checkbox"/> Guarded Gate	_____
<input type="checkbox"/> Playground	<input type="checkbox"/> Park	<input type="checkbox"/> Street Maint.	<input type="checkbox"/> Guard/Patrol	_____
<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Exercise Rm.	<input type="checkbox"/> Ext. Home Maint.	<input type="checkbox"/> Security	_____

*Information is deemed reliable but not guaranteed. Buyer should independently verify before relying there on.*