



SCINDIAL REAL ESTATE

HOME OWNERS ASSOCIATION INFORMATION FORM

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CLIENT INFORMATION			
LAST NAME		FIRST NAME	MIDDLE NAME
PRESENT ADDRESS		CITY	STATE ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	
SPOUSE/PARTNER INFORMATION			
LAST NAME		FIRST NAME	MIDDLE NAME
PRESENT ADDRESS		CITY	STATE ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	

1. ASSOCIATION INFORMATION			
ASSOCIATION NAME			
NAME OF MANAGEMENT COMPANY FOR ASSOCIATION			
ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER		FAX NUMBER	
ACCOUNT NUMBER		MONTHLY MAINTENANCE FEES	
CONTACT PERSON		PHONE NUMBER	

UTILITIES INCLUDED IN ASSOCIATION DUES (check all boxes that apply)			
<input type="checkbox"/> Water	<input type="checkbox"/> ELECTRIC		
<input type="checkbox"/> Trash	<input type="checkbox"/> Cable		
<input type="checkbox"/> Gas	<input type="checkbox"/> Other: _____		

SERVICES PROVIDED BY ASSOCIATION			
<input type="checkbox"/> Gardening Service	<input type="checkbox"/> Front Only	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Roof Repair	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other: _____		

AMENITIES/SERVICES PROVIDED BY ASSOCIATION			
<input type="checkbox"/> Pool	<input type="checkbox"/> Tennis	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Spa	<input type="checkbox"/> Ball courts	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Tot lots	<input type="checkbox"/> Other: _____	

PARKING INFORMATION	
Carport or space numbers:	
If garage is not attached, please provide location and/or garage number:	
Are there any guest parking passes? <input type="checkbox"/> YES <input type="checkbox"/> NO	

MAILBOX INFORMATION	
Mailbox location:	Mailbox number: