



ASSOCIATION BUDGET QUESTIONNAIRE

The Association Budget (RE623, RE624A) is for the primary purpose of obtaining a Final Public Report

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

1. Advertising Name of Project _____

2. Property Address or Cross Streets _____

3. Tract Number _____

4. Year in which project will be completed _____

5. Year project was originally completed _____ (For **existing** structures being converted)

6. How many phases are there in project? _____

7. Cost of Insurance for Project \$ _____ per year

8. List information on key person of contact:

Name _____

Title _____

Address _____

Phone _____

Cell # _____

Fax _____

Email _____

9. Is there a separate company name or person connected to the project that you would like the proposal addressed to, if so please list name: _____

10. List contact information on project engineer:

Name _____

Address _____

Phone _____

11. List contact information of the DRE Processor(SRP) or Title Company:

Name _____

Address _____

Phone _____

Email _____

12. List contact information of Law Firm preparing Homeowners Association CC&R's, ByLaws, Articles:

Name _____

Address _____

Phone _____

Email _____

13. **BUILDING LAYOUT**

Number of Buildings _____ Number of Units _____ Size of Lot _____

Perimeter of each Building _____

Type of Roof _____ Square Footage _____

Additional Roof(s) _____ Square Footage _____

Type of Exterior Surfaces _____ and _____

Number of Balconies _____

Number of BR & BA _____

Number of Units & Square Footage of each _____

_____ Number of Floors _____

Total Number of Parking Spaces _____ **LIST NUMBER OF PARKING SPACES IN EACH CATEGORY**

Garage _____ Carport _____ Tuck Under _____ Open Spaces _____ Subterranean _____

14. **PAVING & LANDSCAPE AREAS**

Square Footage of Paving _____ **IF KNOWN, LIST SQUARE FOOTAGE IN EACH CATEGORY**

Concrete _____ Asphalt _____ Enhanced _____

Square Footage of General Landscape _____

General Turf / Shrub _____ Slopes _____ Open Space _____

15. ELECTRICAL (Please ONLY list common lighting to be paid by the Association)

Number of Street Lights _____ (watts) _____
Number of Landscape Lights _____ (watts) _____
Number of Exterior Building Lights _____ (watts) _____
Number of Interior Lights _____ (watts) _____
Other Lighting _____ (watts) _____

16. UTILITIES (Please ONLY list common utilities to be paid by the Association)

Trash (Y or N) Company Name _____ Phone Number _____
Electric (Y or N) Company Name _____ Phone Number _____
Gas (Y or N) Company Name _____ Phone Number _____
Cable (Y or N) Company Name _____ Phone Number _____
Water (Y or N) Company Name _____ Phone Number _____
Size of Water Meter _____ (1" 1½" 2" 3")
Drainage LF Pipe _____ Number of Basins _____ Number of Filters _____
Sewer LF Pipe _____ Number of Pumps _____ Sewer Lift Station Y or N

17. GATES / FENCING

Number of Vehicle Security Gates _____ Gate(s) Motorized _____
Type of Gate _____ Length _____ Height _____
(Slide, Arm, Overhead, Double Slide, Double Arm)
Other Wrought Iron Gates Length _____ Height _____ Painted _____ (Y or N)
Wrought Iron Fencing Length _____ Height _____ Painted _____ (Y or N)
Wood Fencing Length _____ Height _____ Painted _____ (Y or N)
Block Walls Length _____ Height _____ Painted _____ (Y or N)
Railings Length _____ Height _____ Painted _____ (Y or N)
Vinyl Fencing Length _____ Height _____ Painted _____ (Y or N)
Other _____ Length _____ Painted _____ (Y or N)

18. **OTHER / MISCELLANEOUS**

Elevator (Y or N) _____ Number of Stops _____
Monument Sign (Y or N) _____ Cost of Monument _____
Fountains (Y or N) _____ Cost of Fountain _____
Common Water Heater (Y or N) Number of WH _____ Cost of Each _____
Intercom System (Y or N) _____ Cost of System _____
Guard House (Y or N) _____
Size _____ x _____ Type of Roof _____ Type of Exterior _____
Number of Security Guards _____ Hours a Day _____
Number of Pools _____ Size each _____
Number of Spas _____ Size each _____
Restrooms (Description) _____ Size _____
Outdoor Showers (Description) _____ Size _____
Outdoor Furniture (Description) _____ Cost _____
Recreational Rooms (Description) _____ Size _____
Indoor Furniture (Description) _____ Cost _____
Athletic Equipment (Description) _____ Cost _____
Number of Laundry Rooms _____ Size each _____
Number of Washer / Dryers _____ Leased or Owned _____

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

REQUIRED FOR ALL ASSOCIATION BUDGETS: Please send a copy of the **Insurance Proposal** for the Homeowners Association, showing annual premium and coverage amounts. Coverage should include at a minimum: General Liability, Property Coverage, Directors & Officers Coverage, and Fidelity Bond Coverage. Please consult with a Licensed Insurance Broker/Firm to verify that your coverage limits will meet or exceed the required minimums. If you don't have an insurance company that insures Homeowners Associations please let us know and we can direct you to a company that does.

REQUIRED FOR PHASED PROJECTS: Please include a **Phasing Schedule** that includes residential lot numbers, common area lot numbers/letters and a breakdown of the common area for each phase (Required).

