



INPUT FORM

Please return the completed form via email to info@reserveconsultants.net.

Association/Organization Name _____

Physical Address: Street _____

City _____ State WA Zip _____

Condominium/HOA/Other _____ Number of Units/Lots _____

If Condo - Average Value of Units \$ _____ Year Built _____

Is the Fiscal Year the same as a calendar year? yes no

If no, what is the current fiscal year end Month/Day _____

Current Reserve Balance \$ _____ Balance Date _____

Budgeted Annual Reserve Contribution \$ _____

Remaining Contribution for Current Year \$ _____

Annual Operating Budget (not including contributions to Reserves) \$ _____

Planned or Implemented Special Assessment None \$ _____

If applicable, year(s) of Special Assessment(s) _____

Specific deadline for the Reserve Study (annual meeting, audit, etc.)? _____

Please provide us with the following electronically, or we can pick the documents up at time of site visit/review at management office:

- ✓ Maintenance Records ✓ Declaration ✓ Prior studies of the association not completed by Reserve Consultants
- ✓ Warranties ✓ Building Plans & Elevations
- ✓ Service Contracts ✓ Components funded from Reserves

Name of the person who completed this form _____

Phone _____ Email _____

If applicable, indicate component responsibility: Association Unit Owner

- Window frame & glass replacement
- Plumbing replacement inside the units

• Repairs Planned for Current Year that *have not* been paid for yet:

_____ Cost \$ _____

_____ Cost \$ _____

_____ Cost \$ _____

• Repairs Completed in the last 3 years (including repairs from current year that *have been* paid out of reserves):

_____ When ___/___/___ Cost \$ _____

_____ When ___/___/___ Cost \$ _____

_____ When ___/___/___ Cost \$ _____

▪ Known Problem Areas (e.g. Leaks, Settling, Mechanical/Electrical, Wood Rot, etc.):

_____ Cost \$ _____

_____ Cost \$ _____

_____ Cost \$ _____

Anything else we should know? _____