



ASSOCIATION NAME:

OF UNITS:

COMPLETE ALL SECTIONS OF THIS FORM AS APPLICABLE & ATTACH THE MOST RECENT FINANCIAL / BANK STATEMENTS. **ANY NECESSARY REVISIONS TO THE STUDY DUE TO INCORRECT ENTRIES OR OMISSIONS MAY RESULT IN ADDITIONAL CHARGES.** CALL (800) 485-8056 IF THERE ARE ANY QUESTIONS

FISCAL YEAR STUDY IS FOR: to

CALCULATION OF BEGINNING RESERVE BALANCE TO BE USED IN STUDY:

FINANCIAL INFORMATION SHEET

- a) Balance per most current financial / bank statements: \$ _____ date: _____
- b) **add:** Budgeted reserve contributions for the rest of the fiscal year: \$ _____
- c) **subtract:** Estimated reserve expenditures for the rest of this fiscal year: \$ _____
- (describe)* \$ (_____)
- (describe)* \$ (_____)
- (describe)* \$ (_____)

d) Beginning reserve balance to be used in the study (a + b - c): \$ _____ date: _____
(If not indicated on this form, the start date of the Reserve Study will be assumed to be the beginning of the upcoming fiscal year)

e) **Interest on reserve funds:** if it goes to operating fund, check here (it will **not** be included in calculations). If it stays in reserve fund, list average annual rate (will assume 1% if not listed): %

f) Budgeted **monthly total** assessment / "dues" (from **all** homeowners): \$ _____

g) Portion of **monthly total** assessment / "dues" transferred to reserves: \$ _____

- h) **Recent reserve expenditures:** if an update, provide information on a copy of last Component Inventory & submit with this form - otherwise, describe below
- Roof (all? partial?): \$ _____ date: _____
 - Fumigation (all? partial?): \$ _____ date: _____
 - Other: \$ _____ date: _____
 - \$ _____ date: _____

i) **Component threshold** (costs below this not included in study - will assume \$500 threshold if not filled in): \$ _____

j) **Vendor list:** provide info with respect to the installation/maintenance of reserve components (if available)

Service	Company	Contact	Phone #
Roof			
Landscaper			
Elevator			
Other:			

k) **Miscellaneous information:**

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT:

SIGNED: _____ PHONE _____ DATE: _____