

# HOME OWNERS ASSOCIATION

Neighborhood/Association Name: \_\_\_\_\_

Management Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Monthly Fee: \_\_\_\_\_

Please explain what the monthly fee covers:

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Does the buyer pay a capital funds contribution at closing? Yes No Amount: \_\_\_\_\_

**\*\* PLEASE PROVIDE A COPY OF THE COVENANTS\*\***