

REQUEST FOR PROPOSAL WORKSHEET

Established Condominiums

Project Name: _____

Project Street Address: _____

City _____ County _____ State _____ Zip _____

Residential Units _____

Residential Units Owner Occupied _____

Residential Units Owned as Investments _____

Does an owner or related party own 10% or more of the units? Yes _____ No _____

If Mixed-Use Project, # of Commercial Units: _____

What is the total square footage of the building? _____

What is the square footage allocated to commercial space? _____

Year project was completed? _____

Date the Unit Owners took control of the Condo Board _____

Units delinquent on assessments greater than 60 days _____

Replacement Reserve: Is 10% of the aggregate monthly unit assessments deposited in to the Reserve Fund? Yes _____ No _____

Are there any known construction defects or unexpected major repairs required? Yes _____ No _____

Is the Condo Association subject to any current or pending litigation? If Yes, provide a separate explanation. Yes _____ No _____

Are there any current or pending special assessments? If Yes, provide a separate explanation. Yes _____ No _____

Does the Condo Association have any outstanding loans? If Yes, provide a separate explanation. Yes _____ No _____

Are there any Live / Work units in the project? Yes _____ No _____

Are there any affordable housing deed restrictions? Yes _____ No _____

Do the condo documents contain leasing restrictions? Yes _____ No _____
If yes, do the documents allow an exception for a lender in foreclosure? Yes _____ No _____

Do condo documents contain Right of First Refusal language? Yes _____ No _____

Do the condo documents require payment of a fee upon the transfer / sale of a unit? Yes _____ No _____
If Yes, provide a separate explanation

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CONTACT INFORMATION

PARTY REQUESTING PROPOSAL

Contact Person: _____
Company: _____
Street Address: _____
City: _____ **State** _____ **Zip** _____
Phone: _____ **Cell:** _____
Email: _____

Additional Contact: _____
Phone: _____ **Cell:** _____
Email: _____

PROFESSIONAL MANAGEMENT COMPANY (if any)

Contact Person: _____
Company: _____
Street Address: _____
City: _____ **State** _____ **Zip** _____
Phone: _____ **Cell:** _____
Email: _____

Additional Contact: _____
Phone: _____ **Cell:** _____
Email: _____

ATTORNEY REPRESENTING CONDO BOARD

Contact Person: _____
Company: _____
Street Address: _____
City: _____ **State** _____ **Zip** _____
Phone: _____ **Cell:** _____
Email: _____

Additional Contact: _____
Phone: _____ **Cell:** _____
Email: _____