

CONDOMINIUM / HOA STATUS



PLEASE PROVIDE THE FOLLOWING INFORMATION TO REPUTATION FIRST TITLE AGENCY. WHEN COMPLETE, PLEASE FAX STATUS SHEET TO: (734) 432-0102.

Date: _____ Owners Name: _____

Property Address: _____

Association Name: _____

Association Payment Address: _____

Contact Person: _____ Phone Number: _____

Amount of Dues: \$ _____ Are dues paid in advance? ___ Yes ___ No

Dues are paid: Monthly _____ Annually _____ Semi-Annually _____

Dates dues cover: _____, ___, 20___ (to) _____, ___, 20___

Dues are currently (Please check one): Paid in full: _____ Still owing: _____

Amount currently past due \$ _____

Penalty amount \$ _____

**** IF DUES ARE CURRENTLY PAST-DUE AND OWNING,
PLEASE PROVIDE AMOUNT DUE WITH ALL APPLICABLE PENALTIES****

Owner's Signature

Date

Owner's Signature

Date