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CONDOMINIUM/HOMEOWNERS ASSOCIATION DUES STATUS

Date: _____

Property Address: _____

Owners Name: _____

Please provide the following information to Reputation First Title Agency. When complete, please fax status sheet to: (734) 432-0102.

Association Name: _____

Association Payment Address: _____

Contact Person: _____ Phone Number: _____

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

Dues are paid (Please check one): Monthly _____ Annually _____ Semi-Annually _____

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

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

**** If dues are currently past-due and owing, please provide amount due with all applicable penalties****

Amount currently past due \$ _____

Penalty amount \$ _____

Owner's Signature Date: _____

Owner's Signature Date: _____