

HOA Certification

Homeowners Association Legal Name: _____

Address of Association: _____

Contact Name: _____ Phone Number: _____

The project is managed by a Management Company

Management Company Name: _____

Email for Management Company: _____

This form is to confirm the HOA Dues due on the unit with the address of:

Street Address _____

City, State, Zip _____

HOA Dues are: \$ _____ Annual Monthly

At the time of completion of this form, dues are:

up to date and no outstanding balance is due

An outstanding balance is due in the amount of \$ _____

Payments for HOA dues are to be mailed to:

Address: _____

City, State, Zip _____

Signature of HOA Representative

Date

Printed Name

Title