

Commonwealth of Virginia  
 Department of Professional and Occupational Regulation  
 9960 Mayland Drive, Suite 400  
 Richmond, Virginia 23233-1485  
 (804) 367-8510  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)



**Common Interest Community Board  
 COMMON INTEREST COMMUNITY ASSOCIATION ANNUAL REPORT FORM**

A check or money order payable to the TREASURER OF VIRGINIA,  
 or a completed [credit card insert](#) must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

Number of Units/Lots	✓	Fee ★	Recovery Fund	Association Annual Assessment Payment ♦ (supporting documentation required)	Calculation
1 - 50	<input type="checkbox"/>			1. Gross assessment income during preceding calendar year *	
51 - 100	<input type="checkbox"/>			2. 0.0005 of annual gross assessment income	
101 - 200	<input type="checkbox"/>			3. Enter the Assessment Due in the last line based on the following criteria:	
201 - 500	<input type="checkbox"/>			a. If the amount on line 2 is less than or equal to \$10, enter \$10.	
501 - 1000	<input type="checkbox"/>			b. If the amount of line 2 is greater than \$10 and less than \$1,000, enter the	
1001 - 5000	<input type="checkbox"/>			amount from line 2	
5000+	<input type="checkbox"/>			c. If the amount on line 2 is greater than \$1,000, enter \$1,000.	
Application Fee		\$10.00	+ \$25.00	+ Assessment Due	<b>TOTAL FEES</b>

★ The \$10 fee represents a temporary fee reduction valid through June 30, 2019 only.

\* Gross assessment income means any mandatory fees that are imposed by the association on its members under the condominium instruments or recorded association documents to include: annual or regular assessments; maintenance fees; special assessments; and charges or monetary penalties. Late fees, interest charges, and similar fees imposed on delinquent assessment accounts shall be included in gross assessment income. Gross assessment income does not include voluntary amenity or user fees. SUPPORTING DOCUMENTATION MUST ACCOMPANY THIS APPLICATION. THIS MAY INCLUDE COPIES OF FINANCIAL STATEMENTS, RECEIPTS, AUDIT REPORTS, OR OTHER DOCUMENTATION THAT REFLECTS THE ACTUAL ASSESSMENTS RECEIVED DURING THE PRECEDING CALENDAR YEAR.

♦ State law requires a minimum assessment payment of \$10.

- Enter the Association's Common Interest Community Board Registration No. 

0	5	5	0						
---	---	---	---	--	--	--	--	--	--
- Full Name of Association \_\_\_\_\_
- Name of Subdivision/Community (if different from #2) \_\_\_\_\_
- Association's Federal Tax Identification Number (EIN) 

--	--

 - 

--	--	--	--	--	--	--	--	--	--

 Number used when filing taxes or banking.  
Federal Employer Identification Number (12-3456789)
- Name of Contact Person \_\_\_\_\_  
The individual designated by the association to receive communications and notices from the Board on its behalf.
- Contact Person's Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Contact Numbers \_\_\_\_\_  
Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_
- Contact Person's Email Address \_\_\_\_\_

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			2020		0550	

**ASSOCIATION INFORMATION**

9. Type of Association  
 Property Owners'  Condominium Unit Owners'  Proprietary Lessees' (Cooperative)
10. Is the Association incorporated?  
 No   
 Yes  If yes, provide the State Corporation Commission Number: \_\_\_\_\_
11. Date Declaration Recorded \_\_\_\_\_ City/County where Declaration Recorded \_\_\_\_\_
12. Number of Units/Lots Subject to the Declaration \_\_\_\_\_ Zip Code of Association \_\_\_\_\_
13. Is the Association under Declarant Control?  
 Yes   
 No  If no, date association control transferred to owners. \_\_\_\_\_
14. Website Address of Association (if available) \_\_\_\_\_
15. Indicate how the community association is managed.  
 Self-managed (i.e., resident, volunteer, etc.)  
 Managed by an employee of the association  
 Under contract with a common interest community manager *If under contract, provide the following information:*  
 Name of Management Company \_\_\_\_\_  
 Common Interest Community Manager License Number 

0	5	0	1						
---	---	---	---	--	--	--	--	--	--

  
 Website Address of Management Company (if available) \_\_\_\_\_
16. In accordance with § 55-530(E) of the *Code of Virginia* and Sections 18 VAC 48-70-30 and 18 VAC 48-70-40 of the Common Interest Community Ombudsman Regulations, you certify on behalf of the association that an association complaint procedure has been established?  
 Yes   
 No
17. I, the undersigned representative or authorized agent for the association, certify that the foregoing statements and answers are true and I have not suppressed any information that might affect the Board's decision to accept this annual report. I certify that I have read, understood and complied with all the laws of Virginia under the applicable provisions of Title 55, Chapter 4.2, Chapter 24, Chapter 26 and Chapter 29 of the *Code of Virginia* and all related Virginia Common Interest Community Board Regulations.

Signature of Representative \_\_\_\_\_  
 Printed Name of Representative \_\_\_\_\_  
 Representative's Title \_\_\_\_\_ Date \_\_\_\_\_

**CURRENT MEMBERS OF ASSOCIATION GOVERNING BOARD**

(If more space is needed, attach additional sheets of paper with the certificate number)

**Associations shall notify the Board office, in writing, within 30 days of any change of contact person/address, change of members of the governing board and any other changes in the information that was reported on the association's previous annual report filing.**

Name	Title	Address
Add Row	Delete Row	