



**Common Interest Community Board
 COMMUNITY ASSOCIATION ANNUAL REPORT**

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★	Association Annual Assessment◆ (supporting documentation required)	Calculation
1 - 50	<input type="checkbox"/>		1. Gross assessment income during preceding 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	
1001 - 5000	<input type="checkbox"/>		the 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			+ Assessment Due	TOTAL FEES

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

* Gross assessment income includes any mandatory fees that are imposed by the association on its members. This would not include voluntary amenity fees ("user fees"), but would include any other mandatory fees including, but not limited to, neighborhood assessments, mandatory maintenance fees, special assessments, and fines. SUPPORTING DOCUMENTATION MUST ACCOMPANY THIS APPLICATION. THIS MAY INCLUDE COPIES OF FINANCIAL STATEMENTS, RECEIPTS OR OTHER DOCUMENTATION THAT REFLECTS THE ACTUAL ASSESSMENTS RECEIVED DURING THE PRECEDING YEAR.

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

- Enter the Association's Common Interest Community Board Registration No. _____
- Full Name of Association _____
- Association's Federal Tax Identification Number (EIN) _____ - _____
Federal Employer Identification Number (12-3456789) Number used when filing taxes or banking.
- Name of Contact Person (to receive Board correspondence on behalf of the association) _____
- Contact Person's Mailing Address _____

 City _____ State _____ Zip Code _____
- Contact Numbers _____
Primary Telephone Alternate Telephone Fax

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

7. 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 _____

Website Address of Management Company (if available) _____

8. Total Number of Units/Lots _____ Zip Code of Association _____

9. Name of Subdivision/Community (if different from #2) _____

10. Website Address of Association (if available) _____

11. Is the Association incorporated? No Yes

12. Type of Association

Property Owners Condo Cooperative

13. Declaration Recorded (MM-YY) _____ City/County where Declaration Recorded _____

14. Is the Association under Declarant Control? Yes No

If no, date association transferred to owners. _____

15. In accordance with § 55-530.E of the *Code of Virginia* and the Common Interest Community Ombudsman Regulations 18 VAC 48-70-30 and 18 VAC 48-70-40, do you certify on behalf of the association that an association complaint procedure has been established?

Yes

No

16. I, the undersigned representative or authorized agent for the community 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 Regulations.

Signature of Representative _____

Printed Name of Representative _____

Representative's Title _____ Date _____

MEMBERS OF CURRENT BOARD OF DIRECTORS & OFFICERS

(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 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

