



TRUSTED EQUITABLE SOLUTIONS

RECEIVERSHIP INTAKE FORM

Property Address:
Homeowner Association:
Homeowner Name:
Address of Homeowner:
Contact info for Defendant:
Community Management Company:
Manager and Contact Info:

PROPERTY INFORMATION:

- Vacant Occupied By Family of Owner Occupied By Tenant
- In Foreclosure Restricted Access Building / Gate Access Code: _____
- House Condominium Townhome

Tenant Contact Information: _____

Outstanding Violations on the Property: _____

Is the Association willing to front these repair costs required to have the unit rentable for a tenant? Y / N

Unit Mailbox #: _____ Suggested rent amount for this property: \$ _____

Amenities which require additional keys:

- Mail Pool Laundry Fitness Center Storage Garage

Parking:

- Space # _____ Garage # _____ Decal Required Open Lot None



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HOA INFORMATION:

Amenities Provided by HOA: Water Sewer Trash Electric Gas Cable

On-site Maintenance Contact Information: _____

When does the association have their monthly meetings? _____

Are renters allowed to have pets in your community? Yes / No

COLLECTIONS:

The purpose of this Receivership to: Collect a debt Code issues Other: _____

Additional notes: _____

Amount presently due: \$ _____ Monthly Association Assessments: \$ _____

Late charges per month: \$ _____ Interest per month \$ _____

Demand Letter(s) Sent Can't find owner Judgment, but not collected Other

Has a payment plan been offered or declined? Yes / No _____

Is the HOA considering foreclosure in conjunction with the Receivership? Yes / No

*Once the receivership is granted, please send an electronic copy of the following:

- A current ledger and / or account history
- HOA's Rules and Regulations (or note where they may be accessed)
- Affidavit of Service process if information is relevant

For Questions and to discuss the various factors of receivership success, please contact us.

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