# «CommunityDisplayName» c/o «ManagementName»

«ManagementCompleteAddress»

Phone: «ManagementOffice»| Web: «ManagementWebSite»

**ESTOPPEL CERTIFICATE**

**Date of Issuance**: November 22, 2019  
*This Estoppel Certificate is valid for* ***30 days from the date of issuance****. If the closing is rescheduled for a later date, an updated letter must be requested to ensure all amounts owed are paid as required.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROPERTY/UNIT INFORMATION** | | | | |
| Unit Owner (Seller): | «OwnersName» | Address: | «PropertyStreetAddress» | |
| Unit Designation: | «PropertyAccountNumber» |  | «PropertyCityStateZip» | |
| Parking / Garage #: | (Insert custom field code) |  | |  |
| **DELINQUENCY INFORMATION** | | | | |
| Is this property delinquent on regular assessments? | | | | YES NO *(circle one)* |
| If Yes, has this property been turned over to an attorney for collections? | | | | YES NO *(circle one)* |
| Attorney Name: | (Insert attorney name) | | | |
| Attorney Address: | (Insert attorney address) | | | |
| Attorney Phone | (Insert attorney phone) | Attorney Email: | | (Insert attorney email) |
| **PREPARATION OF ESTOPPEL CERTIFICATE (FEES)** | | | | |
| Name of Requestor: |  | *Please note that fees listed here apply only to the preparation and delivery of this Estoppel Certificate. The association is obligated to provide the information contained herein within 10 days of the request. Failure to do so makes preparation fees inapplicable.* | | |
| Date of Request: | November 22, 2019 |
| Closing Date: |  |
| Method of Receipt: *(circle one)* | * Email * US Mail * Hand Delivery | Preparation Fee: | | $ 250.00 |
| Requestor Email: |  | Expediting Fee *(for 3-day delivery requests)* | | $ 100.00 |
| Requestor Address: |  | Delinquency Fee *(only applicable if in collections with attorney – see above)* | | $ 150.00 |
| Requestor Phone: |  | **Subtotal of Fees** | | $ **500.00** |
| «CommunityDisplayName» c/o «ManagementName» | | | | |
| **ASSESSMENT INFORMATION** | | | | |
| The regular periodic assessment levied against the unit is $ «AssessmentChargeAmount» per month. | | | | |
| The regular periodic assessment is paid through: (insert date paid through) | | | | |
| The next installment of the regular periodic assessment is due (next assessment date) in the amount of «AssessmentChargeAmount». | | | | |
| The current amount due on this unit is: | | | | $ «TotalAmountDue» |
| Itemized Breakdown: | «ItemizedBalance» | | | |
| Upcoming Charges: *(Additional charges that will become due during the effective period of this Estoppel Certificate)* | |  |  | | --- | --- | | Description | Amount | |  | $ | |  | $ | | Total Future Charges | $ | | | | |
|  | *\* In calculating the amounts that are scheduled to become due, the association may assume that any delinquent amounts will remain delinquent during the effective period of the estoppel certificate.* | | | |
| **OTHER INFORMATION** | | | | |
| Is there a Capital Contribution fee, Resale fee, Transfer fee, or other fee due? | | | | YES NO *(circle one)* |
| If Yes, Fee Details: | |  |  | | --- | --- | | Fee Type | Amount | |  | $ | |  | $ | | Total Other Fees Due | $ | | | | |
| Is there any open violation of rules or regulation noticed to the unit owner in the association official records? | | | | YES NO *(circle one)* |
| If Yes, Detailed Breakdown: | «AllOutstandingCCRViolations» | | | |
| Do the rules and regulations of the association applicable to the unit require approval by the board of directors of the association for the transfer of the unit? | | | | YES NO *(circle one)* |
| If Yes, has the board approved the transfer of the unit? | | | | YES NO *(circle one)* |
| Is there a right of first refusal provided to the members or the association? | | | | YES NO *(circle one)* |
| If Yes, have the members or the association exercised that right of first refusal? | | | | YES NO *(circle one)* |
| Provide a list of, and contact information for, all other associations of which the unit is a member: | | | | |
|  | (insert additional associations) | | | |
| «CommunityDisplayName» c/o «ManagementName» | | | | |
| **ASSOCIATION INFORMATION** | | | | |
| Provide contact information for all insurance maintained by the association: | | | | |
|  | (insert insurance company contact information) | | | |
| Mandatory Membership? | YES NO *(circle one)* | Assessment Frequency: | | Monthly |
| Fiscal Year: | January 1- December 31 | Payment Due Dates: | | 1st of each month |
| Late Payment Policy: | «FinesAndFeesChargeDescription» | | | |
| All purchasers of units within the association must adhere to the following policy: | | | | |
|  | (Insert screening or orientation policy) | | | |
| Is the association involved in any active litigation? | | | | YES NO *(circle one)* |
| If Yes, provide details: |  | | | |
|  |  | | | |
| A copy of the association's documents are available at: | | «CommunityWebSite» | | |

I hereby certify that I am an authorized agent of «CommunityDisplayName» and the answers I have provided to the above questions are correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

«PropertyManagerDisplayName»

«PropertyManagerEmail»

«PropertyManagerHome»