



HOA MANAGEMENT PROPOSAL REQUEST FORM

Please complete the information below so we can prepare a proposal tailored to your community.

1. ASSOCIATION INFORMATION

Association / Community Name

Property Address / Location

City / State / ZIP

Number of Units / Homes

Year Built

Association Website

Condominium

Single-Family Homes

Mixed-Use

Other: _____

Townhome

Planned Development

Gated Community

2. PRIMARY CONTACT

Contact Name

Board Position / Role

Email

Phone

Preferred Contact: Email

Preferred Contact: Phone

Preferred Contact: Text

3. CURRENT MANAGEMENT & TIMELINE

Professional Management Company

Self-Managed

On-Site Manager

Other: _____

Current Management Company

Contract Expiration Date

Desired Start Date

Target Date for Proposal

Target Date for Decision

Reason for considering a management change:

4. SERVICES REQUESTED

Full-Service HOA Management

Financial Management / Accounting

Board Meeting Management

Homeowner Communication

Vendor Management

Maintenance Coordination

Architectural Administration

Rules & Compliance Administration

Assessment Billing / Collections

Annual Budget Preparation

Reserve Study Coordination

Insurance Coordination

Election / Annual Meeting Support

Community Website / Portal

After-Hours / Emergency Support

On-Site Management

5. BOARD & MEETING INFORMATION

Number of Board Members

Meeting Frequency

Typical Meeting Length

Annual Meeting Month

Preferred Community Walk-Through / Property Inspection Frequency

Monthly

Twice Monthly

Quarterly

Other: _____

Requested frequency / notes:

In Person

Virtual

Hybrid

Active committees, if any:

6. COMMUNITY AMENITIES & COMMON AREAS

Pool / Spa

Clubhouse

Fitness Center

Tennis / Pickleball

Playground

Parks / Greenbelts

Private Streets

Gates / Access Control

Security / Patrol

Elevators

Parking Garage

HOA-Maintained Roofs

HOA-Maintained Exteriors

Landscaping / Irrigation

Lakes / Water Features

Other: _____

Significant common-area facilities or maintenance responsibilities:

7. FINANCIAL INFORMATION

Current Monthly Assessment

Annual Operating Budget

Reserve Balance

Delinquent Accounts

Current Special Assessment: Yes

Current Special Assessment: No

Future Special Assessment Considered: Yes

Future Special Assessment Considered: No

If applicable, please describe any current or planned special assessment:

8. STAFFING, VENDORS & PROJECTS

Association Employs Direct Staff

On-Site Manager

Landscaping

Pool Service

Janitorial

Security / Patrol

Gate / Access Control

Maintenance / Handyman

Pest Control

Elevator

Other Vendor: _____

Major vendor contracts La Perla would administer upon transition:

Major projects anticipated or underway in the next 12–24 months:

Significant deferred maintenance or operational concerns:

9. BOARD PRIORITIES

Please select up to five priorities:

Responsive Communication

Better Financial Reporting

Vendor Oversight

Maintenance Follow-Through

Rules / Compliance Administration

Major Project Oversight

Meeting Preparation & Follow-Up

Long-Term Planning

Improved Homeowner Service

Budget / Expense Control

Proactive Property Inspections

Board Guidance & Support

Collections Management

Technology / Homeowner Portal

Smooth Management Transition

Other: _____

What would a successful management relationship look like to your Board?

10. SUPPORTING DOCUMENTS

If readily available, please include the following. These are helpful but not required to begin the proposal process.

Current Annual Budget

Current Management Agreement

CC&Rs

Rules & Regulations

Insurance Summary

Community Site Map

Most Recent Financial Statements

Reserve Study

Bylaws

Current Vendor List

Recent Board Meeting Minutes

Other: _____

11. ADDITIONAL INFORMATION

Anything else that would help us understand your community or the Board's expectations:

Submitted By

Title / Board Position

Date

SUBMIT COMPLETED FORM TO:

Yamy@laperlapm.org

Thank you for considering La Perla Property Management.