

## AUTHORIZATION TO INSTITUTE COLLECTION OF DELINQUENT ASSESSMENTS

### General information

Name of Association:			
Address:			
City:	State:	Zip:	

Name of Management Co.:			
Address:			
City:	State:	Zip:	
Contact:			
Phone No.:	Fax No.:		

Name(s) of Homeowner(s):			
Property Address:			
City:	State:	Zip:	
Home Phone:		Work Phone:	
Mailing Address if different from above:			

**REQUIRED TO INITIATE COLLECTIONS - CHECK LIST**

<input type="checkbox"/> Signed Assessment Collection Agreement (1 time only)
<input type="checkbox"/> Recorded copy of Association's CC&Rs and Amendments - (1 time only)
<input type="checkbox"/> Recorded copy of Association's Articles of Incorporation and Bylaws - (1 time only)
<input type="checkbox"/> Copy of Association's current Collection Policy pursuant to California Civil Code § 1365 (1 time only)
<input type="checkbox"/> Copy of Current Payment History and/or Ledger sheet showing all charges and payments from the time the account became delinquent
<input type="checkbox"/> Copy of lien (if one has already been recorded)
<input type="checkbox"/> Description of fines (violations or common area repairs (Include copy of invoices)
<input type="checkbox"/> Copies of any delinquency letters or notices mailed to delinquent homeowner(s)
<input type="checkbox"/> Copies of any correspondence from homeowner(s) relating to delinquent assessments
<input type="checkbox"/> Details of special assessments and notices sent to owners
<input type="checkbox"/> Bankruptcy petitions, dismissals, discharges
<input type="checkbox"/> Senior Lenders Foreclosure Notices (Notice of Default & Notices of Sale)