

Regenesis

Reserve Study Checklist

Date: _____, 200__

HOA Name _____ # of [] Homes [] Units: _____

Address: _____ # of Phases: _____

_____ Year(s) Built: _____ to _____

Type of HOA: [] Condominium [] Condo Conversion? Year Built: _____

[] Planned Community/Planned Unit Development (PUD)

Building Style: [] Apartment (stacked) [] Townhouse (side by side)

[] High Rise (# of Floors: _____) #of Buildings: _____

President/Developer _____ Ph: _____

Email Address: _____ Fax: _____

Address: _____ Cell: _____

Contact Person: _____ Title: _____

Email Address: _____ Ph: _____

Company: _____ Fax: _____

Address: _____ Cell: _____

Items Needed to Do Basic Research (CHECK THOSE THAT ARE AVAILABLE)

Fiscal Year Starts: _____

[] Governing Documents (Declaration, Bylaws)

[] Site Plan

[] Blueprints (As Built)

[] Current Reserve Balance \$ _____ Interest Earned? _____%

Reserve Study is needed by: _____, 200__

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Reserve Study Component Checklist

ONLY COMPONENTS MAINTAINED BY THE HOMEOWNER ASSOCIATION - CHECK ALL THAT APPLY

- | | |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Barkmulch (ONLY CHECK IF EVERY TWO YEARS OR MORE) | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Building Envelope System (CHECK ALL THAT APPLY) | <input type="checkbox"/> Hallway(s)-Common |
| <input type="checkbox"/> Cementitious (like Hardiplank) | <input type="checkbox"/> Hot Water Heat-Central |
| <input type="checkbox"/> Cedar | <input type="checkbox"/> Hot Water Heater(s)-Central (How many? ____) |
| <input type="checkbox"/> Vinyl | <input type="checkbox"/> HVAC-Common Areas |
| <input type="checkbox"/> Plywood/T1-11 | <input type="checkbox"/> Landscape Irrigation System |
| <input type="checkbox"/> Brick/Masonry/Stone | <input type="checkbox"/> Landscaped Grounds |
| <input type="checkbox"/> Stucco <input type="checkbox"/> Hardcoat <input type="checkbox"/> Synthetic (EIFS) | <input type="checkbox"/> Lights-Exterior |
| <input type="checkbox"/> Other_____ | <input type="checkbox"/> Lights-Interior (Common Areas Only) |
| <input type="checkbox"/> Carports Material:_____ | <input type="checkbox"/> Mailboxes Type:_____ |
| <input type="checkbox"/> Chimney Caps | <input type="checkbox"/> Office Equipment |
| <input type="checkbox"/> Clubhouse/Rec Building | <input type="checkbox"/> Paint-Exterior |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Paint-Interior (Common Areas Only) |
| <input type="checkbox"/> Exercise Equipment | <input type="checkbox"/> Park-Play Structure(s) |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Park-Furniture/BBQ Equipment |
| <input type="checkbox"/> <input type="checkbox"/> Carpet | <input type="checkbox"/> Parking Garage Door(s) (How many? ____) |
| <input type="checkbox"/> <input type="checkbox"/> Vinyl | <input type="checkbox"/> Parking Garage Exhaust Equipment |
| <input type="checkbox"/> <input type="checkbox"/> Other_____ | <input type="checkbox"/> Path(s) Material:_____ |
| <input type="checkbox"/> Furnace/HVAC | <input type="checkbox"/> Paving-Asphalt |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Pool <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor |
| <input type="checkbox"/> Hot Water Heater | <input type="checkbox"/> Pond/Lake |
| <input type="checkbox"/> Paint-Interior | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Recreational Equipment (Pool Table, etc.) | <input type="checkbox"/> <input type="checkbox"/> Composition Shingles |
| <input type="checkbox"/> Window Treatments (Drapes, Blinds, etc.) | <input type="checkbox"/> <input type="checkbox"/> Cedar Shingles/Shakes |
| <input type="checkbox"/> Concrete Sidewalks/Driveways | <input type="checkbox"/> <input type="checkbox"/> Tile |
| <input type="checkbox"/> Decks | <input type="checkbox"/> <input type="checkbox"/> Flat-Built up |
| <input type="checkbox"/> <input type="checkbox"/> Wood | <input type="checkbox"/> <input type="checkbox"/> Flat-Rubberized Membrane |
| <input type="checkbox"/> <input type="checkbox"/> Concrete or Membrane with Coating | <input type="checkbox"/> <input type="checkbox"/> Metal |
| <input type="checkbox"/> <input type="checkbox"/> Other:_____ | <input type="checkbox"/> <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Docks Material(s)_____ | <input type="checkbox"/> Roof-Gutters & Downspouts |
| <input type="checkbox"/> Dumpster/Trash Enclosures | <input type="checkbox"/> Sauna(s) How many?: ____ |
| <input type="checkbox"/> Elevator(s) | <input type="checkbox"/> Security Camera System |
| <input type="checkbox"/> Entry Access System-Building | <input type="checkbox"/> Sign(s) Material:_____ |
| <input type="checkbox"/> Entry Access System-Entry Gate | <input type="checkbox"/> <input type="checkbox"/> Main Entry |
| <input type="checkbox"/> Entry Access System-Parking Garage | <input type="checkbox"/> <input type="checkbox"/> Directory |
| <input type="checkbox"/> Equipment & Tool Inventory | <input type="checkbox"/> <input type="checkbox"/> Street/Directional/Building |
| <input type="checkbox"/> Fences | <input type="checkbox"/> <input type="checkbox"/> Spa <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor |
| <input type="checkbox"/> <input type="checkbox"/> Brick/Masonry/Stone | <input type="checkbox"/> <input type="checkbox"/> Storage-Personal Units |
| <input type="checkbox"/> <input type="checkbox"/> Chain Link | <input type="checkbox"/> <input type="checkbox"/> Tennis Court |
| <input type="checkbox"/> <input type="checkbox"/> Vinyl | <input type="checkbox"/> <input type="checkbox"/> Tools & Equipment |
| <input type="checkbox"/> <input type="checkbox"/> Wood | <input type="checkbox"/> <input type="checkbox"/> Trees |
| <input type="checkbox"/> <input type="checkbox"/> Other:_____ | <input type="checkbox"/> <input type="checkbox"/> Walking Paths |
| <input type="checkbox"/> Fire Alarm System | |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Special Concerns? Attach details |
| <input type="checkbox"/> Fountain(s) (How many?____) | |
| <input type="checkbox"/> Gate-Main Entry (How many?____) | |