



RESERVE DATA ANALYSIS

Disclosure Request Form

in compliance with
Washington RCW 64.34.308 & RCW
64.38.025

RDA Report # _____

Association/Project Name _____

1. These assumption are for the Associations upcoming fiscal year starting date of: _____
2. Total adopted budgeted Assessment Income : _____ Amount Per Dues Paying member: _____
3. Total budgeted Reserve Contribution: _____ Amount Per Dues paying member: _____
4. Description of any Special Assessments that are approved or in effect:
 - a. Total Assessment: _____ 1st Payment Due Date: _____ Expiration Date: _____
 Amount per member: _____ per: month or year (circle one)
 Purpose: _____
 - b. Total Assessment: _____ 1st Payment Due Date: _____ Expiration Date: _____
 Amount per member: _____ per: month or year (circle one)
 Purpose: _____
5. Are the budgeted reserve contribution and any special assessments identical to the Funding Plan recommendations contained in your Reserve Study?
6. The projected reserve account cash balance based on the adopted funding plan for the fiscal year noted above:

Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____

Year 5: _____

Certification

As a representative of the Association, I certify that the information provided above is accurate and valid to the best of my knowledge, and is based on a finalized version of the Budget and completed Reserve Study, both according to the Fiscal Year indicated.

Your Name: _____

Association/Company: _____

Title: _____

Date: _____

Phone: _____

Email: _____