

"REFER AND ASSOCIATION" REQUEST FORM

1. How did you hear about Rainbow Communities?

<input type="checkbox"/>	Association Referral
<input type="checkbox"/>	Advertisement
<input type="checkbox"/>	Internet Search
<input type="checkbox"/>	Other

2. Name of Association:

3. Association Address:

4. Directions to Association:

5. Number of homes

6. Type of neighborhood?

<input type="checkbox"/>	Condominiums
<input type="checkbox"/>	Single Family Homes
<input type="checkbox"/>	Town Homes
<input type="checkbox"/>	Office Park

7. Currently Professionally Managed:

 Yes No

8. Current Management Company:

9. Assessments/dues: Annual dues:

Monthly dues:

10. Amenities?

<input type="checkbox"/>	Clubhouse
<input type="checkbox"/>	Playground
<input type="checkbox"/>	Pool
<input type="checkbox"/>	Tennis Court

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11. Are you a Member of the Board? Yes No Title

12. Requested Management Services (Check all that apply):

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Full Management Services |
| <input type="checkbox"/> | Financial/Administrative Only |
| <input type="checkbox"/> | Financial/Admin + Covenant Administrator |

PLEASE SEND PROPOSAL TO:

Name:

Email Address:

CC Email Addresses:

PLEASE MAIL A COPY TO:

Name:

Address:

Call or email: