



**Common Interest Community Board
 COMMON INTEREST COMMUNITY ASSOCIATION REGISTRATION APPLICATION**

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed **credit card insert** must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

Number of Units/Lots	X	Fee
1 - 50	<input type="checkbox"/>	\$ 45
51 - 100	<input type="checkbox"/>	\$ 65
101 - 200	<input type="checkbox"/>	\$ 100
201 - 500	<input type="checkbox"/>	\$ 135
501 - 1000	<input type="checkbox"/>	\$ 145
1001 - 5000	<input type="checkbox"/>	\$ 165
5001+	<input type="checkbox"/>	\$ 180
Application Fee		
Recovery Fund		+ \$25.00
TOTAL FEES		\$

1. Has this association previously filed an application with the Virginia Common Interest Community Board?

No

Yes If yes, enter the registration number.

0	5	5	0						
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2. Full Name of Association _____

3. Name of Subdivision/Community (if different from #2) _____

4. Association's Federal Tax Identification Number (EIN)

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Number used when filing taxes or banking.

Federal Employer Identification Number (12-3456789)

5. Name of Contact Person _____

(to receive Board correspondence on behalf of the association)

6. Contact Person's Mailing Address _____

City _____

State _____

Zip Code _____

7. Contact Numbers _____

Primary Telephone

Alternate Telephone

Fax

8. Contact Person's Email Address _____

The name and mailing address of the Contact Person will appear on the certificate of filing issued by the Board.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		0550	

GOVERNING BOARD MEMBER INFORMATION

- 9. Full Name of Governing Board Member _____
- 10. Governing Board Member's Mailing Address _____

 City _____ State _____ Zip Code _____
- 11. Contact Numbers _____
 Primary Telephone _____ Alternate Telephone _____ Fax _____
- 12. Governing Board Member's Email Address _____

Contact information for the governing board member authorized by the association to receive correspondence related to notices of final adverse decision from the Office of the Common Interest Community Ombudsman.

Association Information

- 13. Type of Association
 Property Owners' Condominium Unit Owners' Proprietary Lessees' (Cooperative)
- 14. Is the Association incorporated? No Yes
 If yes, enter the State Corporation Commission No. _____
- 15. Declaration Recorded (MM-YY) _____ City/County where Declaration Recorded _____
- 16. Total Number of Units/Lots _____ Zip Code of Association _____
- 17. Is the Association under Declarant Control? Yes No
 If no, date association transferred to owners. _____
- 18. Website Address of Association (if available) _____
- 19. Indicate how the community association is managed.
 Self-managed (i.e., resident, volunteer, etc.)
 Managed by an employee of the association
 Under contract with a common interest community manager If under contract, provide the following information:
 Name of Management Company _____
 Common Interest Community Manager License Number

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 Website Address of Management Company (if available) _____
- 20. In accordance with § 54.1-2354.4(A) of the *Code of Virginia* and the Common Interest Community Ombudsman Regulations 18 VAC 48-70-30 and 18 VAC 48-70-40, do you certify on behalf of the association that an association complaint procedure has been or will be established and adopted by the governing board within 90 days of this filing?
Note: Any association that has been delinquent in registering and filing annual reports must have an association complaint procedure established and adopted by the governing board at the time of this filing.
 Yes
 No

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