

**CITY OF BOCA RATON CORONAVIRUS RELIEF FUND (CRF)
FORECLOSURE PREVENTION ASSISTANCE PROGRAM**

Assistance payments on behalf of the owner must be made directly to the association or the association's management company listed below.

Association Information Form

Owner Name: _____

Phone: _____ Email: _____

Property Address: _____

This information to be completed by the Association:

Association Name: _____ Legal Entity Name: _____

EIN/TIN: _____ Email: _____

Association Address: _____

Phone: _____ Fax: _____

Do you utilize a management company for the collection of dues? Yes No If yes, provide the information below:

Representative Name: _____ Legal Entity Name: _____

EIN/TIN: _____ Email: _____

Payment Mailing Address: _____

Phone: _____ Was the owner current on dues prior to March 1, 2020? Yes No

Are there any special assessments? Yes No If yes, what is the monthly special assessment? \$ _____

Current or Past Due Association Dues:

Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____

Total to bring current: \$ _____

Representative Printed Name

Signature

Date

