

**CONDOMINIUM/TOWNHOME RESALE AND DISCLOSURE FORM**

(TO BE COMPLETED BY OFFICER OR MANAGING AGENT OF THE ASSOCIATION)

In compliance with Illinois Law (Chapter 765, Section 605/22.1 of the Illinois Compiled Statutes) the (strike one) (Board of Managers of the condominium association) (the designated managing agent) for the \_\_\_\_\_ Condominium association hereby provides the following statements of condition:

1. (a) The monthly assessment of \$ \_\_\_\_\_ pertaining to Unit Number \_\_\_\_\_ is paid in full through \_\_\_\_\_, 20\_\_\_\_. Past due sums of \$ \_\_\_\_\_ are due the association for the following period(s): \_\_\_\_\_

(b) There (are) (are not) other monthly, special or other assessments or charges due the association by the unit owner;

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(c) There (are) (are not) any special assessments currently under consideration by the Board of Managers. If yes, explain:

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2. Capital expenditures (are) (are not) anticipated by the unit owner's association within the current or succeeding two fiscal years. If yes, explain:

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3. The amount of the reserve or replacement fund for the current or future capital expenditures is \$ \_\_\_\_\_. This reserve or part of this reserve (is) (is not) earmarked for a specified project by the board of Managers. If yes, explain:

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4. The complete copy of Association's most recent approved budget (statement of financial condition) is attached hereto.

5. There (are) (are not) pending lawsuits or judgments in which the unit owner's association is a party. If yes, explain:

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6. The insurance carrier for the unit owner's association is:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

7. The association/managing agent for the association states that it knows of no improvements or alteration made to the unit or the limited common elements assigned thereto by the current unit owner which violate the condominium declarations, bylaws, rules or regulations.

Dated: \_\_\_\_\_, 20\_\_\_\_

Association Name:

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Managing Agent's Name: \_\_\_\_\_ (if applicable)

By: \_\_\_\_\_ (Agent of Association)