

**CITY OF BOCA RATON COMMUNITY DEVELOPMENT BLOCK GRANT CORONAVIRUS (CDBG-CV)  
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? \$ \_\_\_\_\_

Does your Association have a City of Boca Raton vendor number?  Yes  No If yes, provide number \_\_\_\_\_

Monthly **Delinquent** Association Dues (Attorney fees and court costs are not eligible):

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

