



Bid Process Information

Manager/Key Contact (self-managed)

Management Company

Date Prepared

Please Attach the Following Documents:

- 1). Financial Statement (Audit Period Year-End or Year-to-Date)
- 2). Audit Year Budget
- 3). Prior-Year Audit Report (if applicable)

Management Company info (or Self Managed, as applicable):

(If we have worked with your firm before, complete item #1 and #3 only)

1. Have you managed the Association all through the year you wish to audit? Yes No
If not, date your management began: _____
Do you feel that you received a complete set of books from the prior management company?
 Yes No Previous Management Co: _____
2. What type of software do you use? _____
(Examples: TOPS, Jenark, AMSI, Avgar, Skyline, QuickBooks, Yardi, VMS, Caliber)
3. Who is the (internal) accountant assigned to the association? _____
4. IMPORTANT – Does your system produce an annual detail general ledger with all transactions? Yes No Will we be able to have a copy electronically? Yes No
5. Do you scan many of your documents? Yes No
If so, will we be able to get scanned documents for the audit? Yes No
6. Will we do the audit, or some of the audit, at the management company, will we pick up (and later return) the box of records, or is 100% of your accounting documents electronic? On-site at association's management (company) office
 Box Pickup All records electronic, for entire year (if not, date started)

Association Information:

7. Name _____
8. Fiscal year end/audit year end date _____
9. Is this the first year of operations and/or a developer transition?
 First Year Developer Transition Both Neither
10. Type of Association: WA HOA Act WA Condo Act [Old Act or New Act]
11. Number of residential units: _____ Number of commercial units: _____
12. Location (City, State)? _____
13. Was there an audit done last year? Yes No
(If yes, please email report.) Name of Auditor/Firm: _____
14. Does the Association have a bank loan? Yes No
If so, is each unit owner special assessed their portion of the loan or is payment made out of the regular assessment operating budget?
 Special Assessment Operating Budget
15. Any special assessments this year? Yes No
16. Do you need a tax return for the audit period? Yes, Tax ID#: _____ No
17. Will you need a prior-year return? (Once incorporated, the Association needs a tax return every year, regardless of financial activity) Yes No

18. Are there any other unusual financial issues that affect accounting? ~~AA~~ Yes No (If yes, please describe briefly):
19. Has the Association received any litigation or insurance settlements that have had a large amount of expenditures in the current year? Yes No (If yes, please describe briefly):
20. Is there current non-collections litigation in process? Yes No (If yes, please describe briefly:)
21. Is there pending/threatened non-collections litigation? Yes No (If yes, please describe briefly:)
22. Does the Association have either a Master Assn or Sub Assn relationship with other Assns?
 Yes - No If yes, name of "related" entities:
- Additional information for any question above:

For Phasing/Developer Transition Audits Only: If N/A, check here:

1. Are the POS and all governing documents available for the audit? Yes No
2. Choose one: Developer subsidized the expenses for a period of time or
 Developer paid the regular assessment of the unsold units?
3. When was 1st unit sold? _____ When did assessments start?
 What is the legal transition date?(if occurred) _____
4. What is the period of time we are auditing?(years)_____
5. Is this development being done in phases? Yes No
 What is the timeframe for phases? _____
 Description of units/phases? _____
6. Was there a good segregation of costs belonging to the developer vs. the homeowners?
 Yes No
 Has this cost segregation and amounts owed to or from the developer already been agreed to? Yes No
7. Do you have all of the records that the developer had, from inception of the corporation up to the present? Yes No

<u>For Internal Use:</u> Bid Amount	AYE:	Audit Report:
Bid Amount:	AYE:	Audit Report:
Tax Returns: _____		/
Verified Legal Name/ Inc. Date:		
Comments:		
Date Mailed:		