



Community Questionnaire

Community's Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Community Short Name: _____

Community Phone Number: _____

Tax Id Number (EIN or TIN or SSN): _____

Desired Domain Name: (Subject to availability at additional cost)

First choice: _____

Second choice: _____

Third choice: _____

55 And Over Community: Yes No

Enable Weather Channel: Yes No

(Enabled) Community Features	<input type="checkbox"/> Accounting	<input type="checkbox"/> Directory	<input type="checkbox"/> Letters & Documents	<input type="checkbox"/> Payment History
	<input type="checkbox"/> Board	<input type="checkbox"/> Events	<input type="checkbox"/> Management	<input type="checkbox"/> Proxy Voting
	<input type="checkbox"/> BOD Announcements	<input type="checkbox"/> Forums	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Vendor Interface
	<input type="checkbox"/> Calendars	<input type="checkbox"/> Handyman	<input type="checkbox"/> Online Payments	<input type="checkbox"/> Allow Special Users
	<input type="checkbox"/> Classifieds	<input type="checkbox"/> Links	<input type="checkbox"/> Search	<input type="checkbox"/> Schedule

Make Payments and Payment History is handled by Authorize.Net and is only available if the community has completed the required application process and activated the feature for the community.



Community Questionnaire

Number of Units: _____

- Enable Tracking: Yes No
- Site Background Image: Yes No _____
- Site Background Color: Yes No _____
- Main Detail Image: Yes No _____
- Main Detail Color: Yes No _____
- Community Logo: Yes No _____
- Community Map: Yes No _____
- Community Handbook: Yes No _____
- Management Company: _____
- Management Only Can Add Members? : Yes No

Payment Processing

Processing URL:	
Login ID:	
Transaction Key:	
Accepted Credit Cards:	
Processing Fee:	

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Additional Notes