Department of Housing and Community Affairs



Annual Survey, Fiscal Year 2018

Pursuant to Montgomery County Code Section 10B, all common ownership communities are required to annually notify their members of the existence and role of the CCOC.

Pursuant to Montgomery County Code Section 10B, as of January 1, 2016, all members of the governing body of a common ownership communities must successfully complete the educational curriculum developed by the CCOC or a similar educational curriculum administered by another organization that is approved by the CCOC within 90 days after being elected or appointed to the governing body for the first time after January 1, 2016.

Note that Section 29-51(h) of the Montgomery County Code requires the governing body of each Common Ownership Community (COC) to provide the DHCA with a list of all known rental units within the community, including the rental unit address and the name and address of each rental unit landlord.

Please email the completed survey to DHCA.COC@montgomerycountymd.gov

COMMUNITY INFORMATION	
Registration Number	
Name of Common Ownership Commun	ity
Please write the full legal name of the en	ntity as it appears in the Declaration
Corporate Address	
Address	
City	
State	
Zip code	
Preferred email address	
Preferred phone number	

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	Primary Contact Name / Title			
2.	If the community is part of an umbrella/master organization, provide its name			
3.	Community Type			
	Condominium Cooperative Homeowner Umbrella/M Association Organizatio			
4.	Incorporation Date			
5.	Turnover to Members			
6.	Total number of residential units of all types			
7.	CCOC Fee Amount Paid			
FINA	ANCIAL INFORMATION			
1.	Total projected annual budget income from assessments for the current fiscal year			
2.	Projected reserve contribution for the current fiscal year			
3.	Reserve fund balance as of December 31 of the previous year			
4.	Total Dollar amount of accounts receivable as of December 31 of the previous year			
5.	Total number of units that are more than one year in arrears			
6.	Total number of units that are in foreclosure and/or bank owned			

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ADMIN	ISTRAT	IVF IN	IFORM	MOITA

1.	Date of current year's annual meeting				
2.	Number of seats on the	umber of seats on the board of directors required by the governing documents			
3.	Number of vacant board seats as of current date				
4.	Length in years of board member terms				
BOAF	RD POSITIONS				
Please	e enter information abo	out each board sea	at, including vaca	ncies and officers	5.
1.	POSITION				
	President	Vide- President	Secretary	Treasurer	Other (please specify)
1.	If vacant, vacant since				
2.	If not vacant, election appointment date				
3.	Board member informa	ation			
	Name				
	Address				
					
	City				
	State				

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	Zip code					
	Email address					
	Phone number					
4.	Training completion	n date				
2.	Position					
	President		Vice- President	Secretary	Treasurer	Other (please specify)
1.	If vacant, vacant s	ince				
2.	If not vacant, elect					
3.						
	Name					
	Address					
	City					
	State					
	Zip code					
	Email address					
	Phone number					
4.	Training completio	on date				

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Office of Common Ownership Communities

3. Position

	President	Vice- President	Secretary	Treasurer	Other (please specify)
1.	If vacant, vacant since				
2.	If not vacant, election a	appointment date			
3.	Board member information	ition			
	Name				
	Address				
	City				
	State				
	Zip code				
	Email address				
	Phone number				
4.	Training completion da	te			
4.	Position				
	President	Vice- President	Secretary	Treasurer	Other (please specify)
1.	If vacant, vacant since				
2.	If not vacant, election a	appointment date			

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3.	Board member info	ormation			
	Name				
	Address				
	City				
	State				
	Zip code				
	Email address				
	Phone number				
4.	Training completio	on date			
5.	POSITION				
	President	Vice- President	Secretary	Treasurer	Other (please specify)
1.	If vacant, vacant s	ince			
2.	If not vacant, elect	ion appointment date			
3.	Board member info	ormation			
	Name				
	Address				
	City				
	State				

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	Zip code	
	Email address	
	Phone number	
4.	Training completion date	
MAN.	AGEMENT INFORMATI	ON
1.	Is the community self-ma	naged?
	`	Yes No
2.	If the community is "self-	managed", provide a point of contact
	Name	
	Email address	
	Phone number	
3.	If managed by a manage	r or management company, complete the information below
	Management company	
	Address	
	0''	
	City	
	State	
	Zip code	
	Email address	
	Phone number	

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Office of Common
Ownership Communities

FEEDBACK

Please provide any comments you may have for the CCOC on services provided by the CCOC and/or needs that you believe should be filled.

SIGNATURE

This form must be signed by the Board President; an agent signature is not acceptable.

I affirm under penalty of perjury that the information provided is true to the best of my knowledge and belief. I also understand that if there are any changes in the information, the community must notify the Commission on Common Ownership Communities within 10 days of the change.

Board President Name

Date

Please email the completed survey to DHCA.COC@montgomerycountymd.gov

NOTICE

All condominium, cooperative and homeowner associations within Montgomery County Government jurisdiction are required by Chapter 10B of the Montgomery County Code to register with the Commission on Common Ownership Communities through the Department of Housing and Community Affairs. Registration requirements as outlined in Chapter 10B of the Montgomery Code do not apply to properties within the incorporated municipalities of Chevy Chase Village, Town of Chevy Chase, City of Gaithersburg, Town of Garrett Park, Town of Kensington, Town of Laytonsville, Town of Poolesville, Town of Somerset, and Town of Washington Grove. Contact local municipalities for further information.