



# RESERVE DATA ANALYST

## Disclosure Request Form

in compliance with  
Washington RCW 64.34.308 & RCW  
64.38.025

RDA Report # \_\_\_\_\_

Association/Project Name \_\_\_\_\_

1. These assumption are for the Associations upcoming fiscal year starting date of: \_\_\_\_\_
2. Total adopted budgeted Assessment Income : \_\_\_\_\_ Amount Per Dues Paying member: \_\_\_\_\_
3. Total budgeted Reserve Contribution: \_\_\_\_\_ Amount Per Dues paying member: \_\_\_\_\_
4. Description of any Special Assessments that are approved or in effect:
  - a. Total Assessment: \_\_\_\_\_ 1<sup>st</sup> Payment Due Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Amount per member: \_\_\_\_\_ per:  month  year (circle one)  
 Purpose: \_\_\_\_\_
  - b. Total Assessment: \_\_\_\_\_ 1<sup>st</sup> Payment Due Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Amount per member: \_\_\_\_\_ per:  month  year (circle one)  
 Purpose: \_\_\_\_\_
5. Are the budgeted reserve contribution and any special assessments identical to the Funding Plan recommendations contained in your Reserve Study?
6. The projected reserve account cash balance based on the adopted funding plan for the fiscal year noted above:
 

Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_ Year 3: \_\_\_\_\_ Year 4: \_\_\_\_\_

Year 5: \_\_\_\_\_

### Certification

*As a representative of the Association, I certify that the information provided above is accurate and valid to the best of my knowledge, and is based on a finalized version of the Budget and completed Reserve Study, both according to the Fiscal Year indicated.*

Your Name: \_\_\_\_\_

Association/Company: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_