

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 Post Office Box 29570
 Richmond, Virginia 23242-0570
 (804) 367-8510
cic@dpor.virginia.gov
www.dpor.virginia.gov



Common Interest Community Board
 CIC ANNUAL RENEWAL REPORT

A check or money order payable to the **TREASURER OF VIRGINIA** must be mailed with this form.
 PLEASE TYPE OR PRINT. THE ENTIRE FORM MUST BE COMPLETED.

The following fees are required for renewal:

Renewal Fee Enter appropriate fee from table below.	\$
Annual Assessment (§§ 55-516.1.C, 55-79.93:1.C, 55-504.1.C of the Code of Virginia) Enter amount from Calculation Chart on page 2.	(+)
Recovery Fund Fee (§ 55-530.1.B of the Code of Virginia)	(+)
TOTAL AMOUNT ENCLOSED	(=)

****NOTE:** The \$25 Recovery Fund fee is due from each association filing its first annual report after the effective date of § 55-530.1 (July 1, 2008). Associations that have submitted the Recovery Fund fee since July 1, 2008, **do not need to submit an additional Recovery Fund fee**. Please contact the Board office at (804) 367-8510 if you need to verify payment of this fee by your association.

Please check the applicable box

Number of Units/Lots	Fees	X	Number of Units/Lots	Fees	X	Number of Units/Lots	Fees	X
1 - 50	\$30	<input type="checkbox"/>	201 - 500	\$115	<input type="checkbox"/>	1001 - 5000	\$150	<input type="checkbox"/>
51 - 100	\$50	<input type="checkbox"/>	501 - 1000	\$130	<input type="checkbox"/>	5000 +	\$170	<input type="checkbox"/>
101 - 200	\$80	<input type="checkbox"/>						

- Please enter the certificate number issued by the Common Interest Community Board. **0550** _____
- Full Name of CIC _____
- Name of Subdivision/Community, if different from above: _____
- Website Address of CIC (if available) _____
- Is the CIC incorporated? No Yes
- Is the CIC: Property Owners Residential Condo Cooperative
- CIC Federal Tax Identification No. (EIN) _____ (Number used when filing taxes or banking)
- Zip Code of CIC _____
- a. Declaration Recorded (MM-YY) _____ CITY/COUNTY _____
 b. Is the Association under Declarant (Developer) Control? Yes No If no, date association transferred to owners _____
- c. Total Number of Units/Lots _____
- Month of Annual Meeting/Board Election _____

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER	ISSUE DATE
				0550	

11. a. Name of Contact Person (To receive inquires on behalf of the community) _____
 b. Mailing Address (for CIC) _____
 City, State, Zip Code _____
 c. Telephone Number () - _____
 Telephone
12. a. Is the association self-managed? OR under contract with a professional? If under contract, please answer b-d below
 b. Name of Management Company or other professional _____
 c. Common Interest Community Manager License No., if applicable _____
 d. Website Address of Management Company (if available) _____
13. _____
 Signature of Representative Title Date

Association Annual Assessment Calculation Chart	
1. Association's gross assessment income during the preceding calendar year. Gross assessment income includes any mandatory fees that are imposed by the association on its members. This would not include voluntary amenity fees ("user fees"), but would include any other mandatory fees including, but not limited to, neighborhood assessments, mandatory maintenance fees, special assessments, and fines. Supporting documentation must accompany this application. This may include copies of financial statements, receipts, or other documentation that provides the actual assessments received during the preceding calendar year.	\$
2. 0.05% of amount in Item 1 above. Multiply amount in Item 1 by 0.0005 Example: Gross assessments are \$50,000. \$50,000 X 0.0005=\$25	\$
3. If the amount in Item 2 is less than \$10, please insert \$10 on Line 2 on page 1.	
4. If the amount in Item 2 is greater than \$10 and less than \$1,000, please insert amount on Line 2 on page 1.	
5. If the amount in Item 2 is greater than \$1,000, please insert \$1,000 on Line 2 on page 1.	

MEMBERS OF CURRENT BOARD OF DIRECTORS & OFFICERS

(If more space is needed, attach additional sheets of paper with certificate number)

Associations shall notify the Board office, in writing, within 30 days of any change of address, change of members of the governing board, and any other changes in information that was reported on the association's previous annual report filing.

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____
Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____
Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____