



**HOMEOWNER ASSOCIATION REQUEST FOR NON-STATUTORY
DOCUMENTS, OTHER INFORMATION, AND CHARGES**
(DISCLOSURE NOT REQUIRED BY § 4525 BUT REQUIRED
BY PURCHASE AGREEMENT)
(C.A.R. Form HOA-RN, Reviewed 6/25)

Property Address:

641 Centre ct, Alameda, CA 94501

Owner of Property:

Kimberly Veale

Gordon veale

("Seller")

Owner's Mailing Address:

(If known or different from property address)

Provider of the documents and information below:

Print Name: NICELLE DELOS REYESPrint Title ASSOCIATION MANAGER Association or AgentDate form completed 9/8/25

Check or complete applicable column or columns below

Document	Fee for Document	<u>HOA Response</u>			
Pending or anticipated claims or litigation by or against HOA <u>2 claims pending - 1 CHB10A, 1 CCT</u>	\$ <u>UNKNOWN</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/AV	<input type="checkbox"/> N/APP	<input type="checkbox"/> DP
Number of designated parking spaces	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> N/AV	<input type="checkbox"/> N/APP	<input checked="" type="checkbox"/> DP
Location of parking spaces	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> N/AV	<input type="checkbox"/> N/APP	<input checked="" type="checkbox"/> DP
Number of designated storage spaces	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> N/AV	<input checked="" type="checkbox"/> N/APP	<input type="checkbox"/> DP
Location of storage spaces	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> N/AV	<input checked="" type="checkbox"/> N/APP	<input type="checkbox"/> DP
Name and contact information of other HOAs governing the property	<u>CHB10A</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/AV	<input type="checkbox"/> N/APP	<input type="checkbox"/> DP
Private Transfer Fees and/or Taxes	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> N/AV	<input checked="" type="checkbox"/> N/APP	<input type="checkbox"/> DP
Pet restrictions	\$	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/AV	<input type="checkbox"/> N/APP	<input type="checkbox"/> DP
Smoking Restrictions	\$	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/AV	<input type="checkbox"/> N/APP	<input type="checkbox"/> DP
Any other document required by law	\$	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/AV	<input type="checkbox"/> N/APP	<input type="checkbox"/> DP
Other	\$	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/AV	<input type="checkbox"/> N/APP	<input type="checkbox"/> DP
Total fees for these documents	\$				

The information provided by this form may not include all fees that may be imposed before the close of escrow. Additional fees that are not related to the requirements of § 4525 shall be charged separately.

HOA CENTRE COURT HOMEOWNERS ASSOCIATIONDate 9/8/25By NICELLE DELOS REYESTitle ASSOCIATION MANAGER

Seller hereby confirms that all HOA documents delivered directly to Buyer by Seller (DP) are current documents.

Signed by: Kimberly Veale

8/31/2025 | 15:35 EDT

Seller Gordon VealeSigned by: Kimberly Veale Date

8/31/2025 | 15:36 EDT

Signed by: Gordon Veale

By signing below, Buyer acknowledges receipt of a copy of each item checked above. Broker(s) have not and will not review the documents provided. This document may be executed in counterparts.

Buyer _____ Date _____

Buyer _____ Date _____

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**HOMEOWNER ASSOCIATION CHARGES FOR NON-STATUTORY DOCUMENTS (HOA-RN PAGE 1 OF 1)**