



Homeowners Association Disclosure Form

For use only by members of the Indiana Association of REALTORS®

Property Address: 6340 Langwood Blvd, Fort Wayne, IN 46835

Seller Name(s): Paula S. Severit, by Robin D. Peconge Trustee

Buyer Name(s): _____

HOA Name: Sunrise Community Management

If the Property is covered by the governing documents of a homeowners association, the Seller shall provide the information contained in this form to the Buyer by the date agreed in the Purchase Agreement, but not later than ten (10) days prior to closing pursuant to I.C. 32-21-5-8.5.

(1) The Seller hereby discloses that the above-referenced property is in a community governed by a homeowners association.

(2) Seller hereby confirms a copy of the recorded governing documents has been provided.

(3) The recurring HOA dues are in the amount of \$ 610 and are payable ☐ monthly ☒ quarterly ☐ annually
☐ other: _____. There ☐ are ☒ are not upcoming assessments. If there are
upcoming assessments, they are in the amount of \$ _____ and due by _____ (date).

(4) Name and address of HOA management point of contact. (This can be a board member, HOA Agent, or other person responsible for HOA management) Susan Breland, Phone Number: (260) 417-9033, Email: susan.breland5@gmail.com

Brokers are not responsible for obtaining, verifying or interpreting this information. The parties agree that Brokers and their companies shall be released and held harmless from any and all liability arising out of or related to the disclosure of any homeowners association information or documentation.

Seller, by signing below, affirms that the above information is true and accurate to the best of Seller's knowledge. Buyer, by signing below, confirms that a copy of the recorded governing documents has been provided and the above information has been received.

BUYER

Signed _____ Date _____

SELLER

Robin D. Peconge, Trustee
Signed _____ Date _____

dotloop verified
08/03/26 7:59 AM EDT
WHLR-0HIL-EXNP-TBAS

BUYER

Signed _____ Date _____

SELLER

Signed _____ Date _____



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