HOA Facility Transfer Program

Application Form: *Required before the Village begins feasibility review* Date: _____

SECTION 1- HOA Information

Name of Homeowners Association:
HOA Address / Mailing Address: _____
Primary Contact Name & Title: _____
Phone: _____
Email: _____
Number of Homes in the Subdivision: _____
HOA Legal Structure (check one):

☐ Illinois Not-for-Profit Corporation
☐ Other (describe): _____

SECTION 2 - Facility Proposed for Transfer

Please specify the facility/facilities your HOA seeks to transfer to the Village (check all that apply):

☐ Private Street(s)
☐ Lighting System / Light Poles
☐ Sidewalks / Walkways
☐ Stormwater Basin(s) / Retention/Detention Facility
☐ Other Infrastructure (describe): _____

Location / Description: _____
_____
_____

Please attach:

- Existing plats, maps, or diagrams showing the facilities
- Any available maintenance records, inspection reports, or past engineering assessments

SECTION 3 - HOA Authorization

This application is intended to confirm the HOA's initial interest in pursuing a transfer **and willingness to consider creation of a Special Service Area (SSA) or Special Assessment (SA)**, as required by the Village.

By submitting this application, the HOA acknowledges that:

- The Village's acceptance of any facility **requires creation of a Special Service Area (SSA) or Special Assessment (SA)** to fund capital improvements and ongoing maintenance, when applicable.
- The HOA is formally requesting that the Village begin evaluating the feasibility of accepting the facility.
- Submission of this application **does not obligate** the Village to accept the facility nor obligate the HOA to finalize an agreement.
- The Village will conduct engineering, cost, and maintenance evaluations.

HOA Board Vote Authorizing Submission: A required 2/3rds vote is required.
Date of Vote: _____
Vote Outcome (e.g., 6–1): _____
Attach minutes or resolution if available.

SECTION 4 - Current Conditions
Describe current facility conditions:

_____
_____

Describe known deficiencies, issues, or anticipated repairs:

_____
_____

Is the facility currently in compliance with regulatory requirements?

- ☐ Yes
- ☐ No
- ☐ Unknown

If known issues exist, please describe:

_____
_____

Section 5 — HOA Contact for Site Access
The Village's feasibility review may require site visits or inspections.
Site Access Contact (if different than HOA Primary):_____
Phone: _____Email:_____

Section 6 — Required Signatures
I certify that I am an authorized representative of the HOA and that the information provided is accurate to the best of my knowledge. I further confirm the HOA's willingness to enter into discussion regarding creation of a Special Service Area (SSA) or Special Assessment (SA) should the facility transfer proceed.
HOA President / Authorized Officer:
Name: _____
Signature: _____
Date: _____
HOA Secretary / Second Authorized Officer:
Name: _____
Signature: _____
Date: _____

Submission Instructions
Please submit this completed application and supporting materials to:
15655 Ravinia Avenue, Orland Park, IL 60462
Phone: 708-403-6350
Email: PublicWorks@orlandpark.org
Public Works will contact you to confirm receipt and outline next steps in the feasibility review.