Cloverleaf Crossing Homeowners Association, Inc.

Candidate Questionnaire

Name:_____Address:_____

Phone:_____Email:_____

Introduce yourself; include business, Homeowner Association experience and number of years as a member of Cloverleaf Crossing Homeowners Association, Inc.

Reason(s) for running for the Board of Directors. Include all neighborhood interest and goals that you would like to see accomplished for the Association.

Areas that you think can be improved upon with the Association and Board of Directors

What areas could you make the greatest contribution: Architectural, financial, maintenance, social, etc.

Do you have any commitments that will deter you from serving on the Board of Directors? (Travel, employment, other meetings)

By submitting this form and signing below, I acknowledge that I accept those responsibilities as described in the Governing Documents of the Association if elected.

_____ _____

Signed Date

Please return this form via email to sondra@Legacyswhoa.com.com by Noon on October 4th, 2025. You may also fill out this form online at www.cloverleafcrossinghoa.com

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