

**The Fairway Homeowners Association**  
**ARCHITECTURAL IMPROVEMENT APPLICATION**  
(Please Print Clearly)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Type of Improvement (Please attach any plans, color samples, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plans Attached: Yes [ ] No [ ]

\*\*\*\*\*

(For Office Use Only)

Pre-approved with the following conditions: \_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Signature: \_\_\_\_\_

Please Return To: Gabriela Nunez  
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**or Mail to: The Management Trust**  
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