

Project Legal Name: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

Property Type: Condominium *(if not a condo contact requestor prior to completing)*

**Borrower:** \_\_\_\_\_

**Requestor Name:** \_\_\_\_\_

Unit Number: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

**General Project Information**

1. Are the units within this project attached, detached or both? \_\_\_\_\_

2. Is the project complete?  Yes  No  
*(If No, the Lender Full Review Questionnaire should be completed. Contact Requestor for a copy of this Questionnaire.)*  
 If Yes, What year was the project completed? \_\_\_\_\_

3. Is the project subject to additional annexation or phasing?  Yes  No  
*(If No, the Lender Full Review Questionnaire should be completed. Contact Requestor for a copy of this Questionnaire.)*

4. Has HOA control been turned over to the unit owners?  Yes  No  
 If Yes, month and year control was turned over: \_\_\_\_\_  
 If No, What is the expected date when control will be turned over to the unit owners? \_\_\_\_\_

5. Total number of units in the project. \_\_\_\_\_

6. Total number of units sold and closed. \_\_\_\_\_

7. Total number of units under bona fide sales contract. \_\_\_\_\_

8. Does any entity, individual or partnership own more than 1 unit in the project?  Yes  No  
 If Yes, complete the table below:

Number	Owner Name	Total Units Owned
1		
2		
3		
4		
5		
6		

9. Does the builder/developer own units in the project?  Yes  No  
 If Yes, complete a-d below:

- a. Number of units owned by the builder/developer. \_\_\_\_\_
- b. Number of completed builder/developer units being actively marketed for sale. \_\_\_\_\_
- c. Number of completed, leased builder/developer units? \_\_\_\_\_

d. Is the builder/developer current on all HOA fees?  Yes  No

10. Number of units owned by the HOA: \_\_\_\_\_

11. How many buildings are in the project? \_\_\_\_\_

12. List the amenities within the project: \_\_\_\_\_

## Eligibility Questions

1. Is the project a timeshare, fractional or segmented ownership project?  Yes  No  
*If Yes, state which one:*
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2. Does the HOA have mandatory rental pooling agreements that require unit owners to either rent their units or give a management firm control over the occupancy of the units?  Yes  No
3. If unit owners don't participate in rental pooling, are they permitted to rent out their units?  Yes  No
4. Does the HOA require mandatory upfront or periodic membership fees for the use of recreational amenities (i.e., country club facilities or golf course) owned by an outside party including the builder/developer?  Yes  No  
*If Yes, are the amenities open to the public?*  Yes  No  
*If Yes, are the amenities owned by the builder/developer or an affiliate of the same?*  Yes  No
5. Is the project professionally managed by a licensed hotel, motel, resort, or hospitality entity that also facilitates short-term rentals for unit owners?  Yes  No  
*If Yes, Is the licensed entity an independent division from the property management division?*  Yes  No  
*If Yes, Is the unit owner required to contract with the transient rental division to rent their unit?*  Yes  No
6. Does the HOA or its management agent collect and remit required taxes such as transient, short-term rental, hotel occupancy, sales, or excise taxes?  Yes  No
7. Does the HOA charge a fee to a transient renter or to a unit owner who does not elect to rent their unit on a transient basis through the HOA/property manager's preferred rental operator?  Yes  No
8. Are the unit owners required to use a specific rental agency or agencies when renting out their units?  Yes  No
9. Is there a minimum allowable time period for renting a unit?  Yes  No  
*If Yes, What is the minimum rental period?*
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10. Is the project/unit advertised as an investment opportunity?  Yes  No
11. Are owners required to share unit rental profits with the HOA, management company, rental operator, or hotel rental company?  Yes  No
12. Do the project's legal documents allow split ownership of the property or curtail an individual's right to utilize the property?  Yes  No  
*If Yes, Is the project a common interest apartment or community apartment project?*  Yes  No
13. Is the project a houseboat or any other type of non-real estate property?  Yes  No
14. Is the project owned or operated as a Continuing Care Community or Assisted Living facility?  Yes  No
15. Does the project contain live/work units? (*If Yes, complete a-b*)  Yes  No
- a. Is the overall character of the project residential?  Yes  No
- b. Does the project conform to all applicable local ordinances governing the structure and operation of live/work projects including limitations on the number of live/work units or the percentage of live/work unit space permitted?  Yes  No
16. When was the last building inspection by a licensed architect, licensed engineer, or any other building inspector? If the report was completed in the last 3 yrs., provide a copy of this report. Date:

17. Does the HOA permit either of the following:

- a. Unit owners to hold title to more than 1 dwelling unit evidenced by a single deed and financed by 1 mortgage? (i.e., additional dwelling unit or lock-off unit.)  Yes  No
- b. Unit owners to hold title to 2 or more units evidenced by a single deed and financed by more than 1 mortgage? (i.e., 2 or more units combined into 1.)  Yes  No

18. Does the project represent a legal, but nonconforming, use of the land?

- If Yes, Do the zoning regulations prohibit rebuilding the improvements to current density in the event of their partial or full destruction?*  Yes  No

19. Does the project contain any manufactured housing units?

- If Yes, are they single-, double-wide or both?*  Yes  No

20. Is the project located on contiguous parcels of land?

- If No, explain how the project is configured.*  Yes  No

### Title and Ownership

1. Is any part of the project on leased land?  Yes  No
2. Unit ownership type: (*If Leasehold, attach all that apply: Lease, Master Lease, Sublease, Memorandum of Lease, and all amendments/exhibits*)  Fee Simple  Leasehold
3. Do unit owners have sole ownership interest in, and rights to the use of the project's facilities, common elements, and limited common elements?  Yes  No
- If No, Does the developer or declarant have any ownership rights to the project's facilities or common areas?*  Yes  No
4. Are any of the project's amenities/facilities leased from a third party?  Yes  No
- If Yes, is the third party the builder/developer or an affiliated entity?*  Yes  No

### Commercial Information

1. If the **building** the condominium project is in includes commercial/non-residential space (e.g., retail, professional offices, etc.), the following information is required. (Indicate N/A if there is no commercial/non-residential space in the building):
- N/A - No commercial/non-residential space
- Total commercial/non-residential square footage in the **building** \_\_\_\_\_
- Building's TOTAL square footage \_\_\_\_\_

### Legal Information

1. Is the HOA in any litigation, mediation, arbitration, or other dispute resolution?  Yes  No
- If Yes, provide a copy of the Complaint/most recent amended Complaint; and an Attorney/Insurance Co. letter confirming the Insurance Co. committed to provide the defense; and any potential monetary judgment against the HOA, or settlement with the HOA, including punitive damages, will likely be covered*

**Financial Information**

1. Are all units assessed equally?  Yes  No  
*If Yes*, All units are assessed equally at: \$ \_\_\_\_\_  
*If No*, Assessments range from: \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
 Monthly  Quarterly  Annually
2. What is the frequency of the assessment charge?
3. What is the fiscal year-end **month/day**? \_\_\_\_\_
4. Are the units separately metered for utilities?  Yes  No  
*If No*, Is having multiple units on a single meter common and customary in the local market where the project is located? \_\_\_\_\_
5. Is there a current or planned special assessment against the unit owners?  Yes  No  
*If Yes*, follow instructions on attached Addendum under Special Assessment
6. Does the project have non-incidenta l business operations owned or operated by the HOA including but not limited to spas, restaurants, or health clubs?  Yes  No

**Insurance Information**

1. Are any units or common elements located in a flood zone?  Yes  No  
*If Yes*, Is flood insurance in force?  Yes  No

Type of Insurance	Carrier/Agent Name	Phone Number	Email Address
Property			
Flood			

**The Property Manager or authorized HOA Representative hereby certifies to the best of their knowledge and belief, the information and statements contained on this form and any attachments are true and accurate.**

Management Co. Name	Print Preparer Name
Phone Number	Preparer Title
Email Address	Preparer Signature
HOA Website	Date Completed

**Use this space for additional comments from individual questions (Attach another page if more space is required.)**

# Condo/Co-op Questionnaire - Deferred Maintenance & Special Assessment Addendum

*This Addendum is required for condominium and cooperative projects; and should be part of the applicable Condo or Co-op Questionnaire. It must be completed by an authorized representative of the HOA/Co-op Corporation.*

1. When was the last building inspection by a licensed architect, licensed engineer, or any other building inspector? <i>If the report was completed in the last 3 years, provide copy of this report. If there is no report, provide HOA/Co-op Board Meeting Minutes for the last 6 mos. If the HOA/Co-op Board doesn't hold monthly meetings, provide the most recent YE Meeting Minutes.</i>	Date: _____	
2. Did the last inspection have findings related to the safety, soundness, structural integrity, or habitability of the project? <i>(If yes, complete a-d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Have the recommended repairs/replacements been completed? i. <i>If yes, provide written confirmation from one of the following: licensed engineer, licensed architect or licensed general contractor confirming the repairs remediated the unsafe condition; and the building is now safe to inhabit.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. What repairs/replacements remain to be completed? _____		
c. When will the repairs/replacements be completed?	Date: _____	
d. <i>Provide a copy of the HOA/Co-op Board Meeting Minutes to document their action plan.</i>		
3. Is the HOA/co-op board aware of any condition(s), critical repairs, &/or deferred maintenance which may negatively impact the project's (or individual unit's) safety, structural integrity, habitability, or overall soundness of the project? <i>(If Yes, complete a-c)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. What is/are the deficiency(ies)? _____		
b. Have they all been repaired/replaced? i. <i>If yes, provide written confirmation from one of the following: licensed engineer, licensed architect or licensed general contractor confirming the repairs remediated the unsafe condition; and the building is now safe to inhabit.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Of the(se) deficiency(ies), what repairs/replacements remain to be completed? _____		
4. Is the HOA/co-op board/managing agent aware of adverse environmental factors affecting the project or any individual Units (i.e., asbestos, lead-based paint, or other environmental toxins) in a unit or common area of the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

a. **If Yes**, attach environmental study and remediation report(s).

5. Has a reserve study been done on the project in the past 3 years?  Yes  No

a. If Yes, Is the HOA following recommendations of this study?  Yes  No

b. What is the total of the current reserve account balance(s) \$\_\_\_\_\_

6. Is it anticipated the project will need to be fully or partially evacuated to complete any planned repairs?  Yes  No

a. **If Yes**, attach the details of the planned repairs and evacuation.

7. Has the project failed to:

a. Obtain an acceptable certificate of occupancy (CO)? or  Yes  No

b. To pass local inspection or required recertification? or  Yes  No

c. Schedule any inspection required by the applicable jurisdiction?  Yes  No

d. **If yes**, what is needed to obtain the CO or to pass local inspection or recertification?

\_\_\_\_\_

8. Has the HOA/co-op board received a directive from a regulatory authority or inspection agency to make repairs due to unsafe conditions?  Yes  No

a. **If Yes**, attach the following:

i. a copy of the directive detailing the violation

ii. the project's remediation plan

iii. whether the work is complete, or an estimated completion date.

iv. If the work is 100% complete, include written confirmation from one of the following: regulatory authority, inspection agency, licensed engineer, licensed architect or licensed general contractor confirming the repairs remediated the unsafe condition; and the building is now safe to inhabit.

9. Are there any outstanding violations of jurisdictional requirements (zoning ordinances, codes, etc.) related to the safety, soundness, structural integrity, or habitability of the project's building(s)?  Yes  No

a. **If Yes**, attach notice of jurisdictional violation document or report detailing the violation.

b. Is it anticipated the project will, in the future, have such violation(s)?  Yes  No

c. **If Yes**, provide details of the applicable jurisdiction's requirement and the project's remediation plan.

10. Is there a preventative maintenance plan and schedule for the deferred maintenance components to be repaired or replaced?  Yes  No

a. *If yes, provide the schedule.*

11. Is there a funding plan for the project's major components/items to be repaired or replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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a. If Yes, are reserves adequately funded to support these?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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12. Has the HOA/co-op board obtained any loans to finance improvements or deferred maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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a. If Yes, please answer the following questions:

i. Reason/purpose for loan

\_\_\_\_\_

ii. Loan terms (e.g., What is the original loan amount?)	\$ _____
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iii. When was the first payment due date?	Date: _____
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iv. What is the current loan balance?	\$ _____
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v. When is the final payment due date?	Date: _____
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b. Has the project been delinquent in any of the loan payments in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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13. Are there any current/planned special assessments (SA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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a. If yes, provide the reason/purpose of the SA

\_\_\_\_\_

i. A Scope of Work (SOW) or similar document evidencing all required repairs.

b. Are all repairs related to safety, soundness, structural integrity, or habitability, fully complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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c. What are the terms of the SA such as:

i. When the SA was approved	Date: _____
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ii. Total (beginning) SA balance	\$ _____
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iii. Total current SA balance	\$ _____
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iv. What is the total SA amount per unit?	\$ _____
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v. What is the frequency of the SA payment?	_____
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vi. What is the payment amount for the subject unit?	\$ _____
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vii. Month/year monthly payments began/will begin.	_____
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viii. The expected date the SA will be paid in full.	Date: _____	
ix. How many units are 60+ days delinquent with the SA?	_____	
x. Was a loan taken out to cover the SA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. Loan terms (e.g., What is the original loan amount?)	\$_____	
2. When was the first payment due date?	_____	
3. What is the current loan balance?	\$_____	
4. When is the final payment due date?	_____	
xi. Has the project been delinquent in any of the loan payments in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are there any SAs currently under consideration (e.g., not yet approved)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If Yes, provide the purpose/reason of the SA along with the SA's terms such as:		
i. Total SA amount	\$_____	
ii. What is the total SA amount per unit?	\$_____	
iii. What is the frequency of the SA payment?	_____	
iv. What is the payment amount for the subject unit?	\$_____	
v. The expected date the SA will be paid in full.	Date: _____	
vi. Is a loan being considered to cover the SA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No