



Instructions

Lender: Complete the first table below and enter the date on which the form should be returned to you.

Homeowners' Association (HOA) or Management Company: This form has been sent to you on behalf of an individual seeking mortgage financing to purchase or refinance a unit in this project. The mortgage lender needs this information to determine the eligibility of the project for mortgage financing purposes. Complete and return this form by _____ to the lender listed below. Questions about this form should be directed to the lender contact.

DATE

| | |
|-----------------|-----------------------|
| Lender Name: | Lender Phone Number: |
| Contact Name: | Lender Fax Number: |
| Lender Address: | Lender Email Address: |

I. Basic Project Information

| | | |
|---|--|--|
| 1 | Project Legal Name: | |
| 2 | Project Physical Address: | |
| 3 | HOA Management Address: | |
| 4 | HOA Name (if different from Project Legal Name): | |
| 5 | HOA Tax ID #: | |
| 6 | HOA Management Company Tax ID #: | |
| 7 | Name of Master or Umbrella Association (if applicable): | |
| 8 | Does the project contain any of the following? Check all that apply: | |
| a | <input type="checkbox"/> Hotel/motel/resort activities, mandatory or voluntary rental-pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit | |
| b | <input type="checkbox"/> Deed or resale restrictions | |
| c | <input type="checkbox"/> Manufactured homes | |
| d | <input type="checkbox"/> Mandatory fee-based memberships for use of project amenities or services | |
| e | <input type="checkbox"/> Non-incident income from business operations | |
| f | <input type="checkbox"/> Supportive or continuing care for seniors or for residents with disabilities | |
| | Provide additional detail here, if applicable (optional): | |

| II. Project Completion Information | | |
|------------------------------------|--|---|
| 1 | Is the project 100% complete, including all construction or renovation of units, common elements, and shared amenities for all project phases? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If No , complete lines a-f: | | |
| a | Is the project subject to additional phasing or annexation? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b | Is the project legally phased? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c | How many phases have been completed? | |
| d | How many total phases are legally planned for the project? | |
| e | How many total units are planned for the project? | |
| f | Are all planned amenities and common facilities fully complete? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2 | Has the developer transferred control of the HOA to the unit owners? | <input type="checkbox"/> YES Date transferred: <hr/> <input type="checkbox"/> NO Estimated date the transfer will occur: <hr/> |

| III. Newly Converted or Rehabilitated Project Information | | |
|---|---|--|
| 1 | Is the project a conversion within the past 3 years of an existing structure that was used as an apartment, hotel/resort, retail or professional business, industrial or for other non-residential use? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If Yes , complete lines a-g: | | |
| a | In what year was the property built? | |
| b | In what year was the property converted? | |
| c | Was the conversion a full gut rehabilitation of the existing structure(s), including replacement of all major mechanical components? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| d | Does the report from the licensed engineer indicate that the project is structurally sound, and that the condition and remaining useful life of the project's major components are sufficient? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| e | Are all repairs affecting safety, soundness, and structural integrity complete? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| f | Are replacement reserves allocated for all capital improvements? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| g | Are the project's reserves sufficient to fund the improvements? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

IV. Financial Information

| | | |
|--|---|---|
| 1 | How many unit owners are 60 or more days delinquent on common expense assessments? | |
| 2 | In the event a lender acquires a unit due to foreclosure or a deed-in-lieu of foreclosure, is the mortgagee responsible for paying delinquent common expense assessments? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If Yes , for how long is the mortgagee responsible for paying common expense assessments? (Select one) | <input type="checkbox"/> 1 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> More than 12 months |
| 3 | Is the HOA involved in any active or pending litigation? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If Yes , attach documentation regarding the litigation from the attorney or the HOA. Provide the attorney's name and contact information: | | |
| | Attorney Name: | |
| | Attorney Phone Number: | |

V. Ownership & Other Information

1 Complete the following information concerning ownership of units:

| | Entire Project | Subject Legal Phase (in which the unit is located) <i>If Applicable</i> |
|---|----------------|---|
| Total number of units | | |
| Total number of units sold and closed | | |
| Total number of units under bona-fide sales contracts | | |
| Total number of units sold and closed or under contract to owner-occupants | | |
| Total number of units sold and closed or under contract to second home owners | | |
| Total number of units sold and closed or under contract to investor owners | | |
| Total number of units being rented by developer, sponsor, or converter | | |
| Total number of units owned by the HOA | | |

2 Complete the following table if more than one unit is owned by the same individual or entity.

| Individual / Entity Name | Developer or Sponsor (Yes or No) | Number of Units Owned | Percentage Owned of Total Project Units | Number Leased at Market Rent | Number Leased under Rent Control |
|--------------------------|---|--------------------------|--|---------------------------------|--|
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | % | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | % | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | % | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | % | | |

3 Do the unit owners have sole ownership interest in and the right to use the project amenities and common areas? YES NO

| | |
|--|--|
| If No , explain who has ownership interest in and rights to use the project amenities and common areas: | |
|--|--|

4 Are any units or any part of the building used for non-residential or commercial space? YES NO
 If **Yes**, complete the following table:

| Type of Commercial or Non-Residential Use | Name of Owner or Tenant | Number of Units | Square Footage | % Square Footage of Total Project Square Footage |
|--|-------------------------|--------------------|-------------------|--|
| | | | | % |
| | | | | % |
| | | | | % |
| | | | | % |

5 What is the total square footage of commercial space in the building that is separate from the residential HOA?
 Include above and below grade space used for commercial purposes, such as public parking facilities, retail space, apartments, commercial offices, and so on.

| | |
|---|--|
| Total square footage of commercial space: | |
|---|--|

VI. Insurance Information & Financial Controls

1 Are units or common elements located in a flood zone? YES NO

If **Yes**, flood coverage is in force equaling (*Select only one option below*):

- 100% replacement cost
- Maximum coverage per condominium available under the National Flood Insurance Program
- Some other amount (*Enter amount here*): \$ _____

2 Check all of the following that apply regarding HOA financial accounts:

- HOA maintains separate accounts for operating and reserve funds.
- Appropriate access controls are in place for each account.
- The bank sends copies of monthly bank statements directly to the HOA.
- Two members of the HOA Board of Directors are required to sign any check written on the reserve account.
- The Management Company maintains separate records and bank accounts for each HOA that uses its services.
- The Management Company does not have the authority to draw checks on, or transfer funds from, the reserve account of the HOA.

3 Supply the information requested below. Do NOT enter “contact agent.”

| Type of Insurance | Carrier/Agent Name | Carrier/Agent Phone Number | Policy Number |
|-------------------|--------------------|----------------------------|---------------|
| Hazard | | | |
| Liability | | | |
| Fidelity | | | |
| Flood | | | |

VII. Contact Information

Name of Preparer:

Title of Preparer:

Preparer's Phone:

Preparer's Email:

Preparer's Company Name:

Preparer's Company Address:

Date Completed:

Condominium Project Questionnaire Addendum

This Addendum is applicable to both condominium and cooperative projects. It must be completed by an authorized representative of the HOA/Cooperative Corporation.

| Project Information | |
|--|---|
| Project Name: | |
| Project Address: | |
| Building Safety, Soundness, Structural Integrity, and Habitability | |
| 1 | When was the last building inspection by a licensed architect, licensed engineer, or any other building inspector? |
| 2 | Did the last inspection have any findings related to the safety, soundness, structural integrity, or habitability of the project's building(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2a | If Yes , have recommended repairs/replacements been completed? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If the repairs/replacements have not been completed: | |
| 2b | What repairs/replacements remain to be completed? |
| 2c | When will the repairs/replacements be completed? |
| <i>Provide a copy of the inspection and HOA or cooperative board meeting minutes to document findings and action plan.</i> | |
| 3 | Is the HOA/Cooperative Corporation aware of any deficiencies related to the safety, soundness, structural integrity, or habitability of the project's building(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3a | If Yes , what are the deficiencies? |
| 3b | Of these deficiencies, what repairs/replacements remain to be completed? |
| 3c | Of these deficiencies, when will the repairs/replacements be completed? |



Building Safety, Soundness, Structural Integrity, and Habitability

4 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

If Yes, provide notice from the applicable jurisdictional entity.

5 Is it anticipated the project will, in the future, have such violation(s)? YES NO

If Yes, provide details of the applicable jurisdiction's requirement and the project's plan to remediate the violation.

6 Does the project have a funding plan for its deferred maintenance components/items to be repaired or replaced? YES NO

7 Does the project have a schedule for the deferred maintenance components/items to be repaired or replaced? YES NO

If Yes, provide the schedule.

8 Has the HOA/Cooperative Corporation had a reserve study completed on the project within the past 3 years? YES NO

9 What is the total of the current reserve account balance(s)? \$

10 Are there any current special assessments unit owners/cooperative shareholders are obligated to pay? **If Yes:** YES NO

10a What is the total amount of the special assessment(s)? \$

10b What are the terms of the special assessment(s)?

10c What is the purpose of the special assessment(s)?

Building Safety, Soundness, Structural Integrity, and Habitability

| | | |
|------------|--|--|
| 11 | Are there any planned special assessments that unit owners/ cooperative shareholders will be obligated to pay? If Yes : | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11a | What will be the total amount of the special assessments? | \$ |
| 11b | What will be the terms of the special assessments? | |
| 11c | What will be the purpose of the special assessments? | |
| 12 | Has the HOA obtained any loans to finance improvements or deferred maintenance? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 12a | Amount borrowed? | \$ |
| 12b | Terms of repayment? | |

Additional Comments:**Contact Information**

| | |
|------------------------------------|--|
| Name of Preparer: | |
| Title of Preparer: | |
| Preparer's Phone: | |
| Preparer's Email: | |
| Preparer's Company Name: | |
| Preparer's Company Address: | |
| Date Completed: | |