

Condominium Project Questionnaire – Short Form

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 _____ (enter date) to the lender listed below. Questions about this form should be directed to the lender contact.

| | | | |
|-----------------------|--|-----------------------------|--|
| 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 <i>(if different from Project Legal Name)</i> | |
| 5 | HOA Tax ID #: | |
| 6 | HOA Management Company Tax ID # | |
| 7 | Name of Master or Umbrella Association <i>(if applicable)</i> | |
| 8 | Does the project contain any of the following <i>(check all that apply)</i> : | |
| 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

| Answer all questions below: | | Yes | No |
|-----------------------------|--|---------------------------|------------------------------------|
| 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"/> | <input type="checkbox"/> |
| 2 | Is the project subject to additional phasing or annexation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Has the developer transferred control of the HOA to the unit owners? | If yes, date of transfer: | If no, estimated date of transfer: |
| 4 | Are 90% or more of the units conveyed (sold and closed) to unit purchasers? | <input type="checkbox"/> | <input type="checkbox"/> |

III: Financial Information

1. 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? Yes* No

*If Yes, for how long is the mortgagee responsible for paying common expense assessments? (*select one*)

1 to 6 months 7 to 12 months more than 12 months

2. Is the HOA involved in any active or pending litigation? Yes* No

*If Yes, attach documentation regarding the litigation from the attorney or the HOA. Provide the attorney's name and contact information:

Name:

Phone:

IV: Ownership & Other Information

1. 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 | | % | | |

2. Are any units in the project used for commercial or non-residential purposes? Yes* No

*If Yes, complete the following:

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

3. 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

V: 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 | | | |

VI: Contact Information

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