

Condominium Project Questionnaire – Full 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 (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 follow	ving (check all that apply):
а		Hotel/motel/resort activities, mandatory or voluntary rental- pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit
b		Deed or resale restrictions
С		Manufactured homes
d		Mandatory fee-based memberships for use of project amenities or services
е		Non-incidental income from business operations
f		Supportive or continuing care for seniors or for residents with disabilities

F	Provide additional detail here, if applicable (optional):				
	II. Duais at Completion Inform	-dia-			
	II: Project Completion Inform	nation			
	the project 100% complete, including all construction or renovation of umenities for all project phases?	units, common elements		d	
		Yes	No)	
а	Is the project subject to additional phasing orannexation?				
b	Is the project legally phased?				
С	How many phases have been completed?				
d	How many total phases are legally planned for the project?				
е	How many total units are planned for the project?				
f	Are all planned amenities and common facilities fully complete?				
2 H:	as the developer transferred control of the HOA to the unit owners?				
۲. ۱۱۰		ate the transfer will occu	ur.		
L			л. <u> </u>		
	III: Newly Converted or Rehabilitated Pr	oject Information			
	s the project a conversion within the past 3 years of an existing structure			tel/resort,	
	etail or professional business, industrial or for other non-residential use	? If Yes, complete the ta	able below.		
			Yes	No	
а					
b					
$\vdash \vdash$	of				
C	Was the conversion a full gut rehabilitation of the existing structure(s), including replacement of all major mechanical components?				
	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?				
е					
f	f Are replacement reserves allocated for all capital improvements?				
0	a. Are the project's reserves sufficient to fund the improvements?				

IV: Financial Information

1. How many u	unit owners are 60 or more days delinquent on common expense assessme	nts?				
	a lender acquires a unit due to foreclosure or a deed-in-lieu of foreclosure, delinquent common expense assessments?	is the mortgagee responsible				
If Yes, for how long is the mortgagee responsible for paying common expense assessments? (select one)						
☐ 1 to 6 m	☐ 1 to 6 months ☐ 7 to 12 months ☐ more than 12 months					
3. Is the HOA involved in any active or pendinglitigation?						
Name:	Phone:					
	V: Ownership & Other Information					

1. Complete the following information concerning ownership of units:

	Entire Project	Subject Legal Phase (in which the unit is located) If Applicable
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		

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
	☐ Yes ☐ No		%		
	☐ Yes ☐ No		%		
	☐ Yes ☐ No		%		
	☐ Yes ☐ No		%		
. Are any units in the project used		or non-residentia	al purposes?	☐ Yes ☐	No
		or non-residenti	al purposes?	☐ Yes ☐	No % Square Footage
	ole:	or non-residention	al purposes? Number of Units	☐ Yes ☐ Square Footage	
If Yes, complete the following tak	ole:		Number of	Square	% Square Footage of Total Project
If Yes, complete the following tak	ole:		Number of	Square	% Square Footage of Total Project Square Footage
If Yes, complete the following tak	ole:		Number of	Square	% Square Footage of Total Project Square Footage
Type of Commercial or	ole:		Number of	Square	% Square Footage of Total Project Square Footage %

VI: Insurance Information & Financial Controls

I. Are units or common elements located in a flood zone? 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) \$							
☐ HOA m ☐ Approp ☐ The ba ☐ Two m ☐ The Ma ☐ The Ma ☐ accoun	naintains separate oriate access contains sends copies tembers of the HC anagement Companagement Companagement Compan of the HOA.	e accounts for oper trols are in place for of monthly bank sto DA Board of Director pany maintains sep pany does not have	atements directly to the HOA. ors are required to sign any check parate records and bank accounts	written on the reserve account. for each HOA that uses its services. or transfer funds from, the reserve			
Type of			Carrier/Agent	5 " " "			
Insurance	Carrier/Ag	gent Name	Phone Number	Policy Number			
Hazard							
Liability							
Fidelity							
Flood							
	VII: Contact Information						
Name of Prep	arer						
Title of Preparer							
Preparer's Co	Preparer's Company Name						
Preparer's Ph	Preparer's Phone						
Preparer's Email							
Preparer's Co Address	reparer's Company address						
Date Completed							