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	wing (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: Project Completion Inform	nation			
	ii. Project Completion inform	lation			
	the project 100% complete, including all construction or renovation of unamenities for all project phases?	units, common elements If No, complete the table		i	
		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					
f					
2. H	as the developer transferred control of the HOA to the unit owners?				
	ır:				
		ate the transfer will occu			
	iii. Newly Converted of Renabilitated Pr				
	s the project a conversion within the past 3 years of an existing structure retail or professional business, industrial or for other non-residential use?			tel/resort,	
	, , , , , , , , , , , , , , , , , , , ,			No	
Н			Yes	No	
а					
b					
С	of				
d					
е					
f					
g Are the project's reserves sufficient to fund the improvements?					

IV: Financial Information

	V: Ownershin & Other Inform			
Name:		Phone:		
information:				
If Yes, attach o	documentation regarding the litigation from the attorney or the	HOA. Provide the	e attorney's name and contact	
3. Is the HOA	involved in any active or pending litigation?	No		
☐ 1 to 6	months	nonths		
If Yes, for how	long is the mortgagee responsible for paying common expens	se assessments?	? (select one)	
	t a lender acquires a unit due to foreclosure or a deed-in-lieu of delinquent common expense assessments?	•	the mortgagee responsible	
·	unit owners are 60 or more days delinquent on common expe			
4 11			- 0	

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 Contro
	☐ Yes ☐ No		%		
	☐ Yes ☐ No		%		
	☐ Yes ☐ No		%		
	☐ Yes ☐ No		%		
Are any units in the project used		or non-residenti	al purposes?	☐ Yes ☐] No
Type of Commercial or Non-Residential Use	Name of Ow	ner or Tenant	Number of Units	Square Footage	% Square Footage of Total Project Square Footage
	Name of Ow	ner or Tenant			of Total Project
	Name of Ow	ner or Tenant			of Total Project Square Footage
	Name of Ow	ner or Tenant			of Total Project Square Footage
	Name of Ow	ner or Tenant			of Total Project Square Footage

vi: insurance information & Financial Controls						
I. Are units or common elements located in a flood zone?						
3. Supply the	information reque	ested below. Do NC	OT enter "contact agent."			
Type of Insurance	Carrier/A	gent Name	Carrier/Agent Phone Number	Policy Number		
Hazard						
Liability	Liability					
Fidelity	Fidelity					
Flood						
		VII:	Contact Information			
Name of Prep	parer					
Title of Preparer						
Preparer's Company Name						
Preparer's Ph	reparer's Phone					
Preparer's Er	Preparer's Email					
Preparer's Co Address	reparer's Company ddress					
ate Completed						