

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:	Phone Number:
Lender Address:	Fax Number:
Contact Name:	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.	Names 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-incidental income from business operations	
f.	<input type="checkbox"/> Supportive or continuing care for seniors or for residents with disabilities	
	Provide additional details here, if applicable <i>(optional)</i> :	

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, answer ALL questions below:		
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.	Are all planned amenities and common facilities fully complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	How many phases have been completed?	
e.	How many total phases are legally planned for the project?	
f.	How many total units are planned for the project?	
2.	Has the developer transferred control of the HOA to the unit owners? If Yes, date transferred: _____ If No, estimated date of transfer: _____	

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 ALL questions below:	
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: Name: _____ Phone Number: _____

V: OWNERSHIP & OTHER INFORMATION

1.	Complete the following information concerning ownership of units:		
	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 2 nd homeowner		
	Total number of units sold and closed or under contract to investor owners		
	Being rented by developer, sponsor, or converter		
	Owned by the HOA		

V: OWNERSHIP & OTHER INFORMATION (Continued)

2. Complete the following table if more than one (1) unit is owned by the same individual/entity:

Individual/Entity Name	Developer or Sponsor? (Yes or No)	Number of Units Owned	% 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 use of 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 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	# 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
 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

VI: INSURANCE INFORMATION & FINANCIAL CONTROLS *(Continued)*

3. Provide 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			

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	
1.	Project Name: _____
2.	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
a.	If Yes , have recommended repairs/replacements been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No:	
b.	What repairs/replacements remain to be completed? _____
c.	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
a.	If Yes , what are the deficiencies? _____
b.	Of these deficiencies, what repairs/replacements remain to be completed? _____
c.	Of these deficiencies, when will the repairs/replacements be completed? _____
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, provide notice from the applicable jurisdictional entity</i>	
5.	Is it anticipated the project will, in the future, have such violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, provide details of the applicable jurisdiction's requirement and the project's plan to remediate the violation</i>	
6.	Does the project have a funding plan for its deferred maintenance components/items to be repaired or replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does the project have a schedule for the deferred maintenance components/items to be repaired or replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, provide the schedule.</i>	
8.	Has the HOA/Cooperative Corporation had a reserve study completed on the project within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	What is the total of the current reserve account balance(s)? \$ _____

BUILDING SAFETY, SOUNDNESS, STRUCTURAL INTEGRITY, AND HABITABILITY

10.	Are there any current special assessments unit owners/cooperative shareholders are obligated to pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes :	
	a.	What is the total amount of the special assessment(s)? \$
	b.	What are the terms of the special assessment(s)?
11.	Are there any planned special assessments that unit owners/cooperative shareholders will be obligated to pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes :	
	a.	What will be the total amount of the special assessments? \$
	b.	What will be terms 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	
	a.	Amount borrowed? \$
	b.	Terms of repayment?

ADDITIONAL COMMENTS

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VII: CONTACT INFORMATION

Preparer's Name:	
Preparer's Title:	
Preparer's Phone Number:	
Preparer's Email Address:	
Preparer's Company Name:	
Preparer's Company Address:	
Date Completed:	