

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-incident income from business operations	
	f. <input type="checkbox"/> Supportive or continuing care for seniors or for residents with disabilities	

II: PROJECT COMPLETION INFORMATION

Answer all questions below:

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
2.	Is the project subject to additional phasing or annexation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No

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 Number: _____

IV: OWNERSHIP INFORMATION

1. 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		%		

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	Total Project Square Footage
				%
				%
				%
				%

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

Other amount (Enter amount here): \$ _____

V: INSURANCE INFORMATION & FINANCIAL CONTROLS (Continued)

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. 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)?	
c.	What is the purpose 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?	
c.	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	
a.	Amount borrowed?	\$
b.	Terms of repayment?	

ADDITIONAL COMMENTS

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VI: CONTACT INFORMATION

Name of Preparer:	
Title of Preparer:	
Phone Number of Preparer:	
Email Address of Preparer:	
Company Name of Preparer:	
Company Address of Preparer:	
Date Completed:	