



BORROWER NAME \_\_\_\_\_ LOAN NO. \_\_\_\_\_ UNIT NO. \_\_\_\_\_  
 PROJECT NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### PROJECT AND UNIT INFORMATION

<b>1. Project is:</b> <input type="radio"/> Condo <input type="radio"/> PUD	<b>2. Unit is:</b> <input type="radio"/> Attached <input type="radio"/> Detached	<b>3. Units are:</b> <input checked="" type="radio"/> Fee Simple <input type="radio"/> Leasehold	<b>4. Unit owners in control of HOA?</b> <input type="radio"/> Yes, as of _____ (MM/YY) <input checked="" type="radio"/> No
<b>5a. Are all units complete?</b> <input type="radio"/> Yes, year built: _____ <input type="radio"/> No, est. completion date: _____ (MM/YY)	<b>5b. Are all common elements and amenities with the subject phase complete?</b> <input type="radio"/> Yes <input type="radio"/> No, incomplete items in the phase: _____		
<b>6a. Is the project a legally phased project?</b> <input type="radio"/> Yes, # of phases planned for the project _____ <input checked="" type="radio"/> No	<b>6b. If yes, is the project subject to additional phasing/annexation/add-ons?</b> <input type="radio"/> Yes, # of phases planned/units to be built _____ <input type="radio"/> No		
<b>7a. Is the project a conversion of an existing building?</b> <input checked="" type="radio"/> Yes, what was original purpose of the project? _____ <input type="radio"/> No, completion date: _____	<b>7b. If yes, was conversion a full gut-rehabilitation?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		

**8. Project pre-sale and owner occupancy questions are for residential units only:**

	Entire Project	Subject Phase
a. Date when first units made available for sale:	_____	_____
b. Total number of units:	_____	_____
c. Number of residential units sold and closed:	_____	_____
d. Number of units under contract: entire project/subject phase	_____	_____
e. Occupancy: entire project/subject phase		
i. Number of units owned as primary residence:	_____	_____
ii. Number of units owned as second / vacation homes:	_____	_____
iii. Number of units owned as investment properties:	_____	_____
iv. Number of rented units owned by the developer/association:	_____	_____
f. Number of sales in last 90 days: entire project/subject phase:	_____	_____

<b>9. How many units are over 30 days delinquent?</b> 30 days _____ 60 days _____ 90+ days _____	<b>10a. Total income budgeted this year:</b> _____
	<b>10b. Total reserves budgeted:</b> _____

**YES NO**

**11. Is project part of a "Master" or "Umbrella" Association?**  
If YES, please list name of Master Association: \_\_\_\_\_

**12. Does any one person or entity own more than one unit?**  
If YES, please list entity and how many each own: \_\_\_\_\_

**13. Are there any pending or outstanding special assessments?**  
If YES, please explain: \_\_\_\_\_

**14. Is the HOA involved in any litigation, mediation, arbitration, or other dispute resolution process?**  
If YES, please explain and provide documentation: \_\_\_\_\_

**15. Are there any adverse environmental factors affecting the project as a whole or as individual units?** \_\_\_\_\_

**16. Does the homeowners' association have a reserve fund separate from the operating account?**  
a. If YES, is it adequate to pay for deferred maintenance?  Yes  No  
b. Amount in fund: \_\_\_\_\_

**17. Do the project legal documents include any restrictions on sale which would limit the free transferability of title?**  
a. List restrictions: \_\_\_\_\_  
b. Are any units subject to Affordable Housing or Age Restrictions?  Yes  No

YES NO

- 18. Is the unit part of a legally established condominium project, in which common areas are owned jointly by unit owners? \_\_\_\_\_
- 19. If there are amenities / recreational facilities, are they owned by the HOA?
  - a. Do unit owners have sole ownership & exclusive right to project facilities?  Yes  No
  - b. Are any project facilities (parking, recreation facilities) leased to the HOA?  Yes  No
- 20. Project qualities:**
  - a. Does the project consist of manufactured housing units?
  - b. Are any units less than 600 square feet?
  - c. Are any of the units used for "live-work" (e.g., the unit owner lives in a loft area and runs a business on the ground floor)?
  - d. Is the project a Continuing Care Retirement Community or Life Care Facility where residents sign long-term contracts for housing, medical, assisted-living, and other services?
- 21. If a unit is taken over in foreclosure or deed-in-lieu, is the lender responsible for delinquent HOA dues?**
  - a. If yes responsible for \_\_\_\_0-6months \_\_\_\_7+ months
- 22. Does the property operate as a resort hotel; renting units on a daily basis?**
  - a. If YES, years of operation: \_\_\_\_\_
  - b. Percentage of square footage: \_\_\_\_\_
  - c. Describe services offered: \_\_\_\_\_
- 23. Is any part of the project used for commercial purposes?**
  - a. If yes, what percentage: \_\_\_\_\_
- 24. Do the project legal documents or local zoning limit the amount of time the owners can live in their unit?
- 25. HOA is named insured on master insurance policy?
- 26. Are common elements / limited common elements insured to 100% replacement cost?**
  - a. Coverage
  - b. Deductible
  - c. Expiration Date
- 27. Are units or common improvements located in a flood zone?
  - a. If YES, is flood insurance in force?  Yes  No
  - b. Does this cover at least 100% replacement?  Yes  No
  - c. Or, is this the coverage maximum available per condominium federal flood program?
- 28. Is the HOA insured for general liability?**
  - a. If YES, amount per occurrence: \_\_\_\_\_
- 29. Does the HOA provide hazard insurance coverage for the interior (walls-in) of the condominium unit?
- 30. Is the HOA insured for Fidelity Bond?**
  - a. If YES, amount: \_\_\_\_\_
  - b. Amount carried by management company: \_\_\_\_\_
- 31. Minimum number of days required for written notification to be given to HOA or insurance trustee before any substantial changes or cancellation of the project coverage: \_\_\_\_\_**

**INSURANCE CARRIER INFORMATION**

Insurance Carrier: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**HOA MANAGEMENT INFORMATION**

Print Name: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_