

## **Condo Limited Review Questionnaire**

Hoemowner's 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	to the lender listed below:			
	Requestor C	Contact Information		
Lender Name:		Phone Number:		
Contact Name:		Email Address:		
Lender Address:		City, State, Zip:		
	Section I: Basi	c Project Information		
Project legal Name:		·		
Project Physical Address:				
3. HOA Management Address:				
4. HOA Name (if different from Project Leg	gal name):			
5. HOA Tax ID #:				
6. HOA Management Company Tax ID #:				
7. Name of Master or Umbrella Association	n (if applicable):			
8. Does the project contain any of the follo	owing? Check all that apply:			
a. Hotel/motel/resort activities	es, mandatory or voluntary rental-pooli	ing arrangements, or other restrictions on the un	it owner's ability to oc	ccupy the unit
b. Deed or resale restrictions				
c. Manufactured homes				
d. Mandatory fee-based mem	berships for use of project amenities or	r services		
e. Non-incidental income from	n business operations			
f. Supportive or continuing ca	are for seniors or for residents with disa	abilities		
Provide additional detail here, if applicab				
	Section II: Project	Completion Information		
1. Is the project 100% complete, including amenities for all project phases? (If " No		common elements, and shared	Yes	No
2. Is the project subject to additional phasi	ing or annexation? (If " Yes ", stop. A Fu	ıll Review is required)	Yes	No
Has the developer transferred control or			Yes	No
(If " <b>No</b> ", stop. A Full Review is required)		Date of Transfer:		
4. Are 90% or more of the units conveyed (If " <b>No</b> ", stop. A Full Review is required)	(sold and closed) to unit purchasers?		Yes	No
5. Total number of units in the entire proje	ect:			
6. Total number of units sold and closed in	the entire project:			
	Section III: Newly Converted	or Rehabilitated Project Information		
Is the project a conversion within the pa 1. hotel/resort, retail or professional busin (If " Yes ", stop. A Full Review is required	ness, industrial or for other non-residen	· · · · · · · · · · · · · · · · · · ·	Yes	No
	Section IV: Fi	nancial Information		
1. How many unit owners are 60 or more of	days delinquent on common expense as	ssessments?		
2. In the event a lender acquires a unit due responsible for paying delinquent comm		eclosure, is the mortgagee	Yes	No
a. If "Yes", how long is the mortgage	e responsible for paying common expe	nse assessments? (Select one):		
1 - 6 Months	7 - 12 Months	More than 12 months		

	~	If "Yes", attach documentat			y or the HOA.		Yes	No
		NAME:	ic and contact informatio			PHONE:		
			Section V	: Single Entity C	) Ownership &		al Use	-
1.	Does	a single entity own multiple		Yes	No			
	If "ye	es", complete the following t	table:					
		Individual/Entity Name:	: Developer/ Sponsor?	# of Units Owned	% Owned of Total Units	Number Leased a Market Rent	Number Leased under Rent Control	
								_
								_
2.	Do th	ne unit owners have sole ow	nership interest in and th	ne right to use the pr	oject amenities	and common areas?	? Yes	No
		If "No" avalais who has av		:	iti	.d		
	a.	If "No", explain who has ow	vnership interest in and ri	ights to use the proj	ect amenities ar	d common areas:		
							Voc	No
3.		iny units or part of the build  If "Yes", complete the follow	•	cial or commercial sp	pace?		Yes	No
ĺ	a.		wing table.				% Square Footage of	1
		Type of Commercial or Non-Residential Use:	Name of O	wner or Tenant:	Number of Units:	Square Footage		_
								-
								-
								_
								J
4.		t is the total square footage e used for commercial purpo					nclude above and below grade s, and so on:	Total Sq. Footage of Commercial Space:
			Soction	VI: Insurance In	oformation (	P Financial Cont	role	
1.	Δre tl	he units or common elemen			normation c	x Financial Cont	Yes	No
Δ.		If "Yes", flood coverage is in			w):		103	140
		100% Replacement Cost		<b>,</b>	-,			
		Maximum coverage per cor	ndominium available und	er the National Floo	d Insurance Pro	gram		
		Some other amount (enter						
2.	Checl	k all of the following that ap	oply regarding HOA financ	rial accounts:				
		HOA maintains separate ac	counts for operating and	reserve funds				
		Appropriate access controls	s are in place for each acc	count				
		The bank sends copies of th	ne monthly bank stateme	nts directly to the H	OA			
		Two members of the HOA E	Board of Directors are rec	quired to sign any ch	eck written on t	he reserve account		
		The Management Company	y maintains separate reco	ords and bank accou	nts for each HO	A that uses its servic	es	
		The Management Company	y does not have the autho	ority to draw checks	on, or transfer f	unds from, the rese	rve account of the HOA	
3.	Supp	ly the information requested	d below. Do NOT enter "0	Contact Agent"				
		Type of Insurance:	Carrier/Agent	Name	Carrier/Ager	t Phone:	Policy Number:	
		Hazard						
		Liability						
		Fidelity						
		Flood						

3. Is the HOA involved in any active or pending litigation?

Section VII: Building Safety		
1. When was the last building inspection by a licensed architect, licensed enginer, 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)?	Yes	No
2a. If "Yes", have recommended repairs/replacements been completed?  If the repairs have NOT been completed:	Yes	No
2b. What repairs/replacements remain to be completed?		
2c. When will the repairs/replacements be completed?		
Provide a copy of the inspection and HOA or cooperative board meeting minutes to document findings and a	ction plan	
Is the HOA/Cooperative Corporation aware of any deficiencies related to safety, soundness, structural integrity, or habitability of the project's building(s)?	Yes	No
3a. If "Yes", what are the deficiencies?		
3b. Of these deficiencies, what repairs/replacements remain to be completed?		
3c. Of these deficiencies, when will the repairs/replacements be completed?		
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)?  If "Yes", provide notice from the applicable jurisdictional entity	Yes	No
5. Is it anticipated that he project will, in the future, have such violations?	Yes	No
If <b>"Yes",</b> provide details of the applicable jurisdiction's requirement and the project's plan to remediate the violation:		
6. Does the project have a funding plan for its deferred maintenance components/items to be repaired or replaced?	Yes	No
7. Does the project have a schedule for the deferred maintenance components/items to be repaired or replaced?	Yes	No
If "Yes", provide the schedule		
8. Has the HOA/Cooperative Corporation had a reserve study completed on the project within the past 3 years?	Yes	No
9. What is the total of the current reserve account balance(s)?		
10. Are there any current special assessments unit owners/cooperative shareholders are obligated to pay?	Yes	No
If "Yes", answer the following:		
10a. What is the total amount of the special assessment(s)?		
10b. What are the terms of the special assessments?		
10c. 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?	Yes	No
11a. What will be the total amount of the special assessment(s)?		

<b>11b.</b> What will be the terms of	of the special assessments?						
11c. What will be the purpos	e of the special assessment(s)	?					
12. Has the HOA obtained any loa	ns to finance improvements o	or deferred maintenan	ice?		Υ	es/es	No
<b>12a.</b> Amount borrowed?							
<b>12b.</b> Terms of repayment?							
Provide additional detail here, if app	olicable (optional):						
		Section VIII: Co	ontact Inform	nation			
Name of Preparer:		Section VIII: Co	ontact Inform	nation			
Name of Preparer: Title of Preparer:		Section VIII: Co	ontact Inform	nation			
		Section VIII: Co	ontact Inform	nation			
Title of Preparer:		Section VIII: Co	ontact Inform	nation			
Title of Preparer: Preparer's Company Name:		Section VIII: Co		nation			
Title of Preparer: Preparer's Company Name: Preparer's Phone:				nation			