

Condominium Project Questionnaire

Project Name/Phase:	Applicant(s):
Project Physical Address:	
HOA Management Address:	. -
HOA Tax ID#:	- -
HOA Management Tax ID#:	-
Name of Master/	
Umbrella Association:	-
Dear Owners Association Officer:	
We have received an application for a mortgage loan on a unit processing now, and to possibly assist future applicants, we no	• •
Please return this letter after completing, the answers in the sp your management firm, if you have one, may respond.	aces provided. Any officer of the Association of
1. Does the project contain any of the following (check	all that apply):
restrictions on the unit owner's ability to occ	oluntary rental-pooling arrangements, or other cupy the unit.
Deed or resale restrictionsManufactured homes	
☐ Mandatory fee-based memberships for use o	f project amenities or services
☐ Non-incidental income from business operat	ions
□ Supportive or continuing care for seniors or a	residents with disabilities
Provide additional details (if applicable):	
2. Is the project 100% complete, including all construct shared amenities for all project phases?	ion or renovation of units, common elements, and
Yes No	
3. Is the project subject to additional phasing or annexa	tion?
Yes No	



4. Has the developer transferred control of the HOA to the unit owners?

Yes No Yes

No

	Yes	No_					
5.	. Are 90% or more of the units conveyed (sold and closed) to unit purchasers?						
	Yes	No_					
6.	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 expenses?						
	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 						
7.	7. 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 attorney's name and contact information below:						
	Name: Phone:						
8. Please complete the table if more than one unit is owned by the same individual or entity:							
	Individual/	Developer or	Number of	% Owned of Total	Number Leased	Number	
	Entity Name	Sponsor	Units Owned	Project Units	at Market Rent	Leased under Rent Control	
		□ Yes □ No		%			
		□ Yes		%			
		□ No		, ,			

%

%

Smart For All

	Yes	No			
If Yes, pl	ease complete the fe	ollowing table:			
	e of Commercial or on-Residential Use	Name of Owner or Tenant	Number of Units	Square Footage	% Square Footage Total Project Square Footage
					%
					%
					%
					%
		ments located in a flood zon No	e?		
Y	/es			low)	
Y	Yess, flood coverage is	No in force equaling: (select on nt cost age per condominium under	ly one option be		e Program
If Ye	s, flood coverage is 100% replaceme Maximum cover Some other amounts	No in force equaling: (select on nt cost age per condominium under	ly one option be the National Flo	ood Insurance	e Program
If Ye	s, flood coverage is 100% replaceme Maximum cover Some other amore k all of the followin HOA maintains: Appropriate acces The bank sends of reserve account.	No in force equaling: (select on nt cost age per condominium under unt \$	the National Floring and reserve feach account.	ood Insurance onts: unds. o the HOA. o sign any che	eck written on the



13. Supply the information requested below. Do NOT enter "Contact Agent."

	Type of Insurance	Carrier/Age	ent Name	Carrier/Angent Phon Number	Policy Number
	Hazard				
	Liability				
	Fidelity				
	Flood				
	Name	of Preparer			
	Title of Preparer Preparer's Company Name Preparer's Phone Number Preparer's Email Preparer's Company Address				
	Date	Completed			
		you have taken to co 6790 to assist you in			questions, you may contact us
				•	deral Credit Union
The info	ormation submi Owner's Associa	tted is accurate to the ation as noted below.	e best of my kn		(date). It is presented on behalf
Signatur	re & Title			Date	