

CONDOMINIUM HOA LIMITED REVIEW QUESTIONNAIRE

Borrower Name: Unit #:				
Project Legal Name:				
Master Association (if applicable):				
Project Address:				
-	swer to any question 1 – 7 is Yes, please stop and complete a	FULL REVIEW QUESTIONNAIRE.	YES NO	
1.	Is the project new and units attached?			
2.	Does the project operate like a resort condominium, condotel, desk?	leasehold, live-work, or have a rental		
3.	Is the HOA under control of the Developer?		HH	
4.	Is the project subject to any additional phasing or add-ons?		HH	
5.	Does any single entity, individual, or group: a) if project is 5–if project is more than 20 units, own more than 20% of the to	·		
6.	Does project have any significant deferred maintenance that me a) full or partial evacuation of the building for 7 or more days is b) project has deficiencies, defects, substantial damage, or de i) is severe enough to affect safety, soundness, structural ii) improvements need substantial repairs and rehabilitation impedes safe and sound functioning of one or more of the building	eets one or more of the following criteria: s required to complete repairs; eferred maintenance that integrity, or habitability of improvements, on, including many major components, or		
	elements, including but not limited to foundation, roof, load-beaplumbing?	aring structures, electrical system, HVAC, or		
7.	Has project failed to obtain an acceptable certificate of occup or recertifications in the last 5 years? a) If yes provide any applicable inspection, engineering, or other contents of the c			
If answer to any question 8—10 is No, or to questions 11—13 are Yes, please stop and complete a FULL REVIEW QUESTIONNAIRE.				
8.	Are the units, common areas, and recreational facilities of th additional phases to be built?	e project 100% complete with no	YES NO	
9.	Is the HOA clear of any pending litigation or arbitration?			
10.	Do unit owners, through HOA, have sole ownership interest i facilities and common areas?	n and full rights to use the project's		
11.	Is there any commercial space in the complex?			
	a. If Yes, is it greater than 25% of the complex?			
12.	Is the property a conversion?			
	a. If Yes, date of conversion:			
13.	Are there any special assessments? a. If Yes, provide documents detailing use.			
	Are any unit owners more than 60 days delinquent on HOA Due HOA Tax Identification Number (TIN or EIN) (<i>required</i>):	es? If Yes, how many?		
Hazard Insurance (required): If policy shows Co-Insurance, an Agreed Amount Endorsement is required.				
16.	Please provide Hazard Insurance Declaration/Loss Payee pa	ige. Attached	A/N 🔲 t	
17.	Please provide HO6 Declaration/Loss Payee page.	Attached	A/N 🔲 t	
SOURCE OF INFORMATION: Acceptable sources of information include an officer of the condominium association or a qualified employee of the association's management company.				
Sourc	ce Name	Source Title		
Sourc	ce Signature	Date Completed		
Source	ce Email Address	Source Phone Number		
Λ	Accordation Website Address:			