

Borrower Name: _____

Project Legal Name: _____ **Tax ID:** _____

Project Address: _____ **Unit:** _____

City, State, Zip Code: _____

We will not accept "Doesn't track", "Unknown", "N/A", or blanks for answers. Provide actual numbers and not percentages.

1. Does the project have any of the items listed below? *Please check all which apply.* Yes No
 Hotel Operation Timeshares Under 30 day Rentals Continuing Care Requirement Community
 Central Phones Maid Service Check-In Desk Manufactured Housing Houseboat
 Mandatory Rental Pool Multi-Dwelling Unit (more than one unit on a deed and/or mortgage) Live/Work Units
 Project is listed as an investment security with the SEC. Project contains non-incidentual business operations (restaurant, spa, etc.)
 Project is a common interest apartment or community apt. project Condotel
2. Is the HOA a licensed Hotel, Motel, Resort or Hospitality Entity? Yes No
3. Does the HOA or legal documents require owners to make units available for rental pooling? Yes No
4. Does the HOA or legal documents require owners to share profits from the rental or units with the HOA Management Company or resort/hotel rental company? Yes No
5. Total No. of units in project _____
6. Total No. of units sold and closed _____
7. No. closed or under contract to owner occupants _____
8. No. closed or under contract to investors _____
9. No. closed or under contract to second home buyers _____
10. Does any single person / entity own more than one unit? Yes No
 If yes, what is the largest number of units one single person / entity owns? _____
11. No. of units over 60 days delinquent and dollar amount of delinquency _____ \$ _____
12. Is there any additional phasing or annexation? Yes No
13. Are units owned fee simple (FS) or leasehold (LH)? FS LH
14. Are all units, common areas, and amenities completed? Yes No
15. Date association turned over to unit owner control (Month/Year) _____ / _____
16. Is the project a conversion? Yes No
 If yes, is project a Gut Rehab with renovation of a property down to the shell with the replacement of all HVAC & electrical components? Year Converted _____ Yes No
17. Does the project contain any governmentally regulated low or moderate income housing units (also known as inclusionary zoning)? Yes No
18. Is the project subject to a recreation/land lease? Yes No
19. Are the units subject to "private transfer fee covenants"? Yes No
 If yes, list the amount of the fee _____, to whom it is paid _____, and the relationship to the HOA _____"
20. Is there a Property Management Company? Yes No
 If yes, Name: _____
 Contact Information: _____
21. Does the project have a mandatory club membership? Yes No
 If yes, who owns the club? _____
22. Are there any special assessments ongoing or planned? Yes No
 If yes, provide the reason for the special assessment. _____
23. Is the association subject to any law suits? Yes No
 If yes, provide a copy of the Legal Complaint filed with the court.
24. Does the project contain any commercial space? Yes No
 If yes, what percentage of the project is commercial? _____%

HOA Full Lender Condominium Review Questionnaire

25. Has the Homeowners Association or Developer retained any right of first refusal? Yes No
 If yes, are the mortgagees excluded for this right of first refusal? Yes No
26. If a unit is foreclosed or taken back in deed or lieu of foreclosure, is the mortgagee (lender) responsible for HOA dues? Yes No
 If yes, for how long 0-6 months 7-12 months more than one year
27. Is the project located in a Master Association? Yes No
 If yes, what is the legal entity of the Master Association? Condo PUD
28. Does the Homeowners Association or Management Company maintain separate accounts for operating expense and reserve funds? Yes No
29. Are the monthly account statements being sent directly to the HOA? Yes No
30. Does the property management company have the authority to draw checks against or transfer from the reserve account? Yes No
31. Are two or more members of the Board of Directors required to sign checks drafted against the reserve account? Yes No
32. What is the balance in the segregated reserve account? \$_____
33. Insurance Contact: **Agent Name:** _____ **Phone:** _____

SOURCE OF INFORMATION: Acceptable sources include an officer of the condominium association or a qualified employee of the association's management company.

Source of Information: _____

Title: _____

Signature: _____

Date: _____

Phone Number: _____

Email: _____

Condominium Association Website Address: _____