



Conventional Homeowners' Association Questionnaire for Limited/Streamline Review

Project Name: _____																																													
Project Master Association Name _____																																													
Property Street Address: _____																																													
City: _____	State: _____																																												
<ol style="list-style-type: none"> 1. Is there any pending litigation involving the homeowners' association? If Yes, provide details and documentation of the circumstances surrounding litigation 2. Are day, night or short-term rentals permitted? 3. Does project have on-site registration, check-in desk, housekeeping/maid service or room service? 4. Is the HOA licensed as a hotel, motel, resort, or hospitality entity? 5. Does HOA or project's legal documents restrict owners' ability to occupy the unit during any part of the year? 6. Does HOA or project's legal documents require owners to make their unit available for rental pooling (daily or otherwise)? 7. Does HOA or the project's legal documents require unit owners to share profits from the rental of units with the HOA, management company, or resort, or hotel rental company? 8. Does the project contain mandatory fee-based memberships for use of project amenities or services? 9. Does the project contain non-incidentual income from business operations? 10. Does the project contain supportive or continuing care for seniors or for residents with disabilities? 11. Does the project contain manufactured homes? 12. Does the project contain deed or resale restrictions? 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 150px;">Yes</td> <td style="width: 20px;"><input type="checkbox"/></td> <td style="width: 150px;">No</td> <td style="width: 20px;"><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<p>I, the undersigned, certify that to the best of my knowledge and belief the information and statements contained on this form and the attachments are true and correct.</p>																																													
Signature of Association Representative or Preparer _____	Name and Title of Assn. Representative or Preparer _____																																												
Representative or Preparer's Company Name _____	Address _____ _____																																												
Date of Completion _____	Telephone Number _____																																												