

Basic Information

Project Name _____
 Project Master Assn. and/or HOA Name _____
 Address _____
 Borrower(s) _____

Details

	*SUBJECT PHASE	ENTIRE PROJECT
Total # Units in the Project	_____	_____
# Units Sold (title conveyed to Unit Owners)	_____	_____
# Owner-Occupied Units (Primary & Secondary Homes)	_____	_____
# Non Owner-Occupied Units (Investment/Rental)	_____	_____

Questionnaire

	YES	NO
1. Does any single entity own more than 10% of the total units in the project? (Or more than 1 unit in a project consisting of 10 or fewer units?)	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all units and facilities complete, and not subject to additional phasing?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the homeowners' association been turned over to the unit owners?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is fidelity insurance in place covering the maximum amount of funds that will be in the custody of the HOA or Management Company at any time? (Required if project is more than 20 units, 3 months dues + reserves)	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any commercial space located in the project or on the property? If YES, what is the total square footage? _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any units that are less than 400sq ft.?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the Association a party to any pending litigation? If YES, please attach details and documentation surrounding the litigation.	<input type="checkbox"/>	<input type="checkbox"/>
8. The project was created and exists in full compliance with applicable laws and regulations including all State law requirements in the jurisdiction where the project is located.	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the project a common interest apartment or community apartment project owned by several owners as tenants-in-common, rather than a true condominium?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do project documents permit one owner to hold title to more than one dwelling unit with a single deed and/or financed by a single mortgage?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the project a time-share or condo-tel or is there a hotel located in the project?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there a rental desk or rental service to facilitate short-term rentals of less than 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the project offer hotel-type amenities such as maid service, room service or central phone system?	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire cont.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 14. Does the Association advertise nightly or weekly rentals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is there revenue sharing for owners who rent out their units? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do any units consist of Manufactured Homes, Houseboats, or Assisted-living units? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are there any units that are less than 400sq ft.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is the project on one contiguous parcel (may be divided by public streets), with all structures within a reasonable distance from each other? | <input type="checkbox"/> | <input type="checkbox"/> |

HOA Authorization

I am an authorized HOA officer or director, management company agent, or an attorney for the HOA, and the above statements are true and accurate to the best of my knowledge and belief.

Please Print Name & Title: _____

Signature: _____ Date _____

Phone: _____ Fax _____

E-mail: _____

Homeowner's Association name: _____

Management Company name: _____

Please Provide All Insurance Policies

Please Return The Completed Form To:

Name: _____

Fax# _____

REF # _____