

CONDOMINIUM HOA LIMITED REVIEW QUESTIONNAIRE

Borrower Name: Unit		Unit #:	
Proje	ect Legal Name:		
-	ect Address:		
Master Association Name (if applicable): Tax ID:			
If answer to any question 1, 3, or 9, or is Yes, or the answer to any question 8 is No, please stop and complete the FULL REVIEW			
	STIONNAIRE. If the answer to any question 2, 4, 5, 10, 11 or 13a is mar gible. This form must be accompanied by the Master Insurance Policy.	·	e project is
1.	Is the project new (less than 90% of the units sold) and the units attac		☐ Yes ☐ No
2.	es the project operation like a resort condominium, condotel, leasehold, or have a rental desk?		☐ Yes ☐ No
3.	the HOA under control of the Developer?		☐ Yes ☐ No
4.	Does any single entity, individual or group: a) if project is 5-20 units, own more than two units; or b) if project is		☐ Yes ☐ No
	more than 20 units, own more than 20% of the total units?		
5.	Does project have any significant deferred maintenance that meets one	or more of the following criteria:	☐ Yes ☐ No
	a) full or partial evacuation of the building for 7 or more days is requ	ore days is required to complete repairs; ge, or deferred maintenance that Iness, structural integrity, or habitability of	
	 b) project has deficiencies, defects, substantial damage, or deferred i) is severe enough to affect safety, soundness, structure improvements, 		
	 ii) improvements need substantial repairs and rehabilitation, including many major components, or iii) impedes safe and sound functioning of one or more of the building's major structural or mechanical elements, including but not limited to foundation, roof, load-bearing structures, 		
6	electrical system, HVAC, or plumbing?		
6.	Has a structural and/or mechanical inspection been completed in the past 3 years?		☐ Yes ☐ No
7.	 a) If yes, please provide a copy of the inspection report Has the project failed to obtain an acceptable certificate of occupancy 	or pass local regulatory inspections	☐ Yes ☐ No
<i>,</i> .	or recertifications in the last 5 years?		□ 163 □ 1NO
	a) If yes, provide any applicable inspection, engineering, or other certification reports related to any issues		
8.	Are the units, common areas, and recreational facilities of the project 100% complete with no additional		☐ Yes ☐ No
	phases to be built? Is the association subject to any lawsuits or litigation? a) If yes, please attach a copy of the Legal Complaint filed with the court.		
9.			☐ Yes ☐ No
10.	Is the project subject to any actions that would cause it to cease to exist (such as termination, deconversion, or dissolution of its legal structure)?		☐ Yes ☐ No
11.	Is the project subject to any voluntary or involuntary bankruptcy, insolvency, liquidation, receivership proceedings, or any substantially similar actions under state or federal law?		☐ Yes ☐ No
12.			☐ Yes ☐ No
13.	Does the project contain any commercial space?		☐ Yes ☐ No
	a) If yes, is the percentage greater than 25% of the project?		☐ Yes ☐ No
14.	Is the project a conversion?		☐ Yes ☐ No
	a) If yes, was the conversion a Gut Rehab with renovation down the shell with replacement of all HVAC & electrical components? Year Converted:		□ Yes □ No
15.	· · · · · · · · · · · · · · · · · · ·		☐ Yes ☐ No
	a) If yes, reason for special assessments:		
16.	Are Any unit owner more than 60 days delinquent on HOA Dues?		☐ Yes ☐ No
	a) If yes, how many?		
OUR	CE OF INFORMATION: Acceptable sources of information include an	officer of the condominium association	on or a qualified
emplo	yee of the association's management company.		
Source Name		ırce Title	
Source Signature		Date Completed	
Source Email Address		ırce Phone Number	
Assoc	ation Website Address:		