



## FHA Condo Questionnaire Limited Review

|   |           |                          |
|---|-----------|--------------------------|
| Date:                                     | Loan No.: | Borrower(s):             |
| Project Name:                             |           | Phase # (if applicable): |
| Project Street Address:                   |           | City:                    |
| State:                                    | Zip Code: | County:                  |
| Name of Association / Management Company: |           | Phone Number:            |

Please have project management contact answer all questions, sign, and date this form. Your timely response is appreciated.

### Project Profile (to be completed by HOA or Management Company)

| Year Built   | Monthly HOA Dues | Total Units in Project  | Primary/Second Home Units | Investor Units | Retained by Developer |    |
|--|------------------|---|---------------------------|----------------|-----------------------|----|
| Yes  | No               | Are all common elements and amenities completed, including those that are part of any master association?   |                           |                |                       |    |
| Yes  | No               | Is the project complete and not subject to additional phasing?  |                           |                |                       |    |
| Yes  | No               | Does the project include 2-4 family residences secured by one mortgage?   |                           |                |                       |    |
| Yes  | No               | Does the project provide for hotel type services?<br>(e.g., On-site registration desk, room service, HOA provided maid service, etc.)   |                           |                |                       |    |
| Yes  | No               | Does the project provide for mandatory rental pool agreements?<br>(e.g., Agreements that require the unit owners to rent their unit or give management firm control over the occupancy of the unit) |                           |                |                       |    |
| Yes  | No               | Is the project/association part of any type of pending or current litigation?   |                           |                |                       |    |
| Yes  | No               | Is the project a timeshare?   |                           |                |                       |    |
| Yes  | No               | Is the project a conversion? If yes, was it a full-gut rehabilitation?  |                           |                | Yes                   | No |
| Yes  | No               | When did the conversion occur?  |                           |                |                       |    |
| Yes  | No               | Is more than 25% of the total project space used for nonresidential purposes?   |                           |                |                       |    |
| Yes  | No               | Does any one person own more than 10% of the total project?   |                           |                |                       |    |
| What percentage of units are more than 1-month delinquent on HOA dues? |                  | or # of units   |                           |                |                       |    |
| Provide master insurance carrier name and phone number.                |                  |   |                           |                |                       |    |
| Insurer:   |                  |   | Phone Number:             |                |                       |    |

### Contact and Signature (to be completed by HOA or Management Company)

|                           |      |        |
|---------------------------|------|--------|
| Company   Contact   Title |      |        |
| Phone #:                  | Fax: | Email: |

By signing below, I certify that the information on this form is true and correct to the best of my knowledge.

Signature

Date