

**LIMITED REVIEW - CONVENTIONAL
HOA QUESTIONNAIRE**



Date: _____

Borrower Name: _____ Lender Loan #: _____

Co Borrower Name: _____ Condo Project Name: _____

Subject Property Address: _____ Condo Project Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

PROJECT

Year project was built: _____

Total # of units in project: _____

- YES NO 1. What are the monthly dues for this unit?
- YES NO 2. Are all units, common areas and recreational facilities 100% complete?
- YES NO 3. Is project subject to additional phasing?
- YES NO 4. Have $\geq 90\%$ of the units been conveyed to unit purchasers?
- YES NO 5. Has the HOA been turned over to the unit owner?
- YES NO 6. Does the single entity own more than the following number of units in the project:
 - a) Projects with 5 to 20 units: 2 units (Freddie & Fannie)
 - b) Projects with 21 or more units: 25% (Freddie)
 - c) Projects with 21 or more units: 20% (Fannie)
- YES NO 7. Does the project operate like a hotel or is it subject to any timeshare arrangements?
- YES NO 8. Does the project contain manufactured homes?
- YES NO 9. Are there deed or resale restrictions?
- YES NO 10. Are there mandatory fee-based memberships for the use of project amenities?
- YES NO 11. Does the project receive non-incidentual income from its business operations?
- YES NO 12. Is there pending litigation in the project? (NOTE: If there is pending litigation, obtain the attorney disclosure and a copy of the complaint and contact the Condo Department)
- YES NO 13. Have there been any special assessments in the past year? If YES,

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please provide the reason for the special assessment, the total amount assessed and repayment terms. Further documentation may be required.

YES NO 14. Has the master insurance certificate been provided?

I certify that the information and statements contained on this form are true and correct:

Printed Name: _____

Signature: _____

Title: _____

Date: _____

I certify that the information and statements contained on this form are true and correct:

Homeowner's Association:

HOA Name: _____ Contact Person Name: _____

Phone OR Email: _____ Contact Person's Title: _____

Management Company:

Company Name: _____ Contact Person Name: _____

Address: _____ Phone OR Email: _____

Master Insurance Carrier:

Company Name: _____ Contact Person Name: _____

Address: _____ Phone OR Email: _____