

## CONDOMINIUM HOA LIMITED REVIEW QUESTIONNAIRE

Borrower Name: \_\_\_\_\_

Project Legal Name: \_\_\_\_\_

Master Association (if applicable): \_\_\_\_\_

Project Address: \_\_\_\_\_

If answer to any question **1-5** is **Yes**, please stop and complete a FULL REVIEW QUESTIONNAIRE.

**YES | NO**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| 1. Is the project both new and are the units attached?   | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 2. Does the project operate like a resort condominium, condotel, leasehold, live-work, or have a rental desk?  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 3. Is the HOA under control of the Developer?  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 4. Is the project subject to any additional phasing or add-ons?  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 5. Does any single entity, individual, or group: a) if project is 5-20 units, own more than two units; or b) if project is more than 20 units, own more than 20% of the total units? | <input type="checkbox"/> |  | <input type="checkbox"/> |

If answer to any question **6 or 8** is **No**, or questions **9-11** are **Yes**, please stop and complete a FULL REVIEW QUESTIONNAIRE.

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|---|--------------------------|--|--------------------------|
| 6. Are the units, common areas, and recreational facilities of the project 100% complete with no additional phases to be built? | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 7. Is the HOA clear of any pending litigation or arbitration?   | <input type="checkbox"/> |  | <input type="checkbox"/> |

**YES | NO**

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| 8. Do unit owners, through HOA, have sole ownership interest in and full rights to use the project's facilities and common areas? | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 9. Is there any commercial space in the complex?<br>a. If <b>Yes</b> , is it greater than 25% of the complex?                     | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 10. Is the property a conversion?<br>a. If <b>Yes</b> , date of conversion: _____   | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 11. Are there any special assessments?<br>a. If <b>Yes</b> , provide documents detailing use.                                     | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 12. Are any unit owners more than 60 days delinquent on HOA Dues?<br>If <b>Yes</b> , how many? _____                              | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 13. HOA Tax Identification Number (TIN or EIN) (required): _____  |                          |  |                          |

**Hazard Insurance (required):** If policy shows Co-Insurance, an Agreed Amount Endorsement is required.

14. Please provide Hazard Insurance Declaration/Loss Payee page.

Attached  N/A

15. Please provide HO6 Declaration/Loss Payee page.

Attached  N/A

**SOURCE OF INFORMATION:** Acceptable sources of information include an officer of the condominium association or a qualified employee of the association's management company.

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**Source Name**

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**Source Title**

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**Source Signature**

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**Date Completed**

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**Source Email Address**

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**Source Phone Number**

**Association Website Address:** \_\_\_\_\_