



Project Name: _____ # of Units: _____

Master Association Name (if applicable): _____

Borrower(s) _____ CMG Loan Number: _____

Property Address: _____

HOA TO COMPLETE:

Check the appropriate box:		
Yes	No	1. Is the project "new" and "attached"?
Yes	No	2. Does the project operate like a resort condominium, condotel, leasehold, live-work or have a rental desk? (referenced in Fannie Mae guidelines (B4-2.1-02)
Yes	No	3. Is the Homeowner's Association still controlled by the developer?
Yes	No	4. Is the project subject to additional phasing or add-ons?
Yes	No	5. Does any single entity, individual, or group own more than 10% of the total units in the project? (5-20 units, one entity may own two units)
If the answer is "Yes" to any of the above, STOP HERE! You are not eligible for a limited review		
Yes	No	6. Are the units, common areas, and recreational facilities of the project 100% complete with no additional phases to be built?
Yes	No	7. Are at least 90% of the total units sold and closed?
Yes	No	8. Is the HOA clear of any pending Litigation OR Arbitration?
Yes	No	9. The project contains less than 25% commercial space
Yes	No	10. Do the unit owners, through the HOA, have sole ownership interest in and rights to the use of the project's facilities and common areas?
If the answer is "No", STOP HERE! You are not eligible for a limited review		

• Does the HOA have a Master Association? If so, what are the HOA dues for this \$ _____ Per Mo.

• Do the CC&R's have any resale restrictions? NO _____ / If Yes, detail restriction(s) _____

• HOAs Tax Identification Number (TIN or EIN) is required: _____

• Is the property a conversion? NO _____ / if yes, please add date of conversion: _____

• How many unit owners are MORE than 60 days delinquent on their HOA dues? # _____

Hazard Coverage Required:

• **Provide the Insurance Declaration/Loss Payee page**

• **Provide H06 Declaration / Loss Payee page**

(NOTE: if the policy shows Co-Insurance, an AGREED AMOUNT ENDORSEMENT is required to waive this. Co-Insurance is not eligible at Fannie Mae)

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION AND STATEMENTS PROVIDED ARE TRUE AND CORRECT.

_____/_____/_____/_____
 Name of HOA representative / Signature of HOA Rep / Date / PH#

NOTES:

- CIBA / CCAI & (some WELLS FARGO) insurance policies are NOT eligible (they are pooled policies)
- *If more than 1 project is insured. They must document that the others insured are under the same master association or share the use of common facilities. If not, it is considered unaffiliated and not eligible under the "pooled Ins" guidelines. See exceptions in LP guidelines.*

** SEE ATTACHED FOR FLORIDA GEOGRAPHIC RESTRICTIONS.



DU ONLY Florida – Attached Units in **New and Newly Converted Condo Projects**

Maximum LTV Ratios

	PERS Approved	Full Review (with or without CPM)	Limited Review
Principal Residence	97%	Not Eligible	
Second Home	90%		
Investor	85%		

DU ONLY Florida – Attached Units in **Established Condo Projects**

Maximum LTV Ratios

	PERS Approved	Full Review (with or without CPM)	Limited Review
Principal Residence		97%	75%
Second Home		90%	70%
Investor		85%	Not Eligible