



CONDOMINIUM HOA LIMITED REVIEW QUESTIONNAIRE

Borrower Name: _____ Unit #: _____
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.

- 1. Is the project new and units attached? [] Yes [] No
2. Does the project operate like a resort condominium, condotel, leasehold, live-work, or have a rental desk? [] Yes [] No
3. Is the HOA under control of the Developer? [] Yes [] No
4. Is the project subject to any additional phasing or add-ons? [] Yes [] No
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? [] Yes [] No

If answer to any question 6-9 is No, please stop and complete a FULL REVIEW QUESTIONNAIRE.

- 6. Are the units, common areas, and recreational facilities of the project 100% complete with no additional phases to be built? [] Yes [] No
7. Is the HOA clear of any pending litigation or arbitration? [] Yes [] No
8. Is there any commercial space in the complex? [] Yes [] No
a. If Yes, is it greater than 25% of the complex? [] Yes [] No
9. Do unit owners, through the HOA, have sole ownership interest in and full rights to use the project's facilities and common areas? [] Yes [] No
10. Is the property a conversion? [] Yes [] No
a. If Yes, date of conversion: _____
11. Number of unit owners who are more than 60 days delinquent on HOA Dues: _____
12. HOA Tax Identification Number (TIN or EIN) (required): _____

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

- 13. Please provide Hazard Insurance Declaration/Loss Payee page. [] Attached [] N/A
14. 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.

Source Name _____ Source Title _____
Source Signature _____ Date Completed _____
Source Email Address _____ Source Phone Number _____

Association Website Address: _____