



**LoanStream Mortgage**

19000 MacArthur Blvd, Ste 200  
Irvine, CA 92612 ♦ (800) 760-1833

**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—8** is **No**, or if the answers to questions **9 and 10** are **Yes**, 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. Do unit owners, through HOA, have sole ownership interest in and full rights to use the project’s facilities and common areas?  Yes  No
- 9. Is there any commercial space in the complex?  Yes  No
  - a. If **Yes**, is it greater than 25% of the complex?  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: \_\_\_\_\_