



## CONDO PROJECT QUESTIONNAIRE (Full Review)

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

Property Address: \_\_\_\_\_

- |                                |                                   |                                     |  |
|--------------------------------|-----------------------------------|-------------------------------------|--|
| 1. Property Type               | 2. Unit Type                      | 3. Property Rights                  | 4. Control of the HOA has been turned over to the unit owners? |
| <input type="checkbox"/> Condo | <input type="checkbox"/> Attached | <input type="checkbox"/> Fee Simple | <input type="checkbox"/> Yes (Date Transferred: _____)         |
| <input type="checkbox"/> PUD   | <input type="checkbox"/> Detached | <input type="checkbox"/> Leasehold  | <input type="checkbox"/> No (Expected Date of Transfer: _____) |

### PROJECT QUESTIONS FOR SUBJECT COMMUNITY

<p>____ 5. # of units (subject legal phase)</p> <p>____ 6. # of units primary &amp; second home sold</p> <p>____ 7. # of units primary &amp; second home under contract</p> <p>____ 8. # of units as investor owners sold</p> <p>____ 9. # of units as investor owner under contract</p> <p>____ 10. # of units unsold and/or owned by builder</p> <p>____ 11. # of units owned by HOA</p> <p>____ 12. # of other units: (description: _____)</p>	<p>13. Monthly HOA dues (not including special assessments): _____</p> <p>14. Monthly special assessments: _____</p> <p>15. Purpose of special assessments: _____</p> <p>16. Total amount and term: _____</p> <p>17. Have the repairs been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Number of units that are 60 days delinquent on HOA dues or special assessments: _____</p> <p>19. Current reserve account balance: _____</p>
---	---

20. Is the project 100% complete, including all construction or renovation of units, common elements, and shared amenities for all project phases?  Yes  No
21. Is the project a conversion within the past 3 years of an existing structure that was used as an apartment, professional business, or other non-residential?  Yes  No

Yes	No	New Construction Completion Date: _____	Yes	No	Conversion Completion Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are all planned amenities and common facilities complete?	<input type="checkbox"/>	<input type="checkbox"/>	Was the conversion a full gut rehabilitation of existing structures, including replacement of all major mechanical components?
<input type="checkbox"/>	<input type="checkbox"/>	Is the project subject to additional phasing or annexation?	<input type="checkbox"/>	<input type="checkbox"/>	Did the project receive a satisfactory structural evaluation from a licensed engineer?
<input type="checkbox"/>	<input type="checkbox"/>	Is the project legally phased? (subject phase #: _____)	<input type="checkbox"/>	<input type="checkbox"/>	Are all repairs affecting safety, soundness, and structural integrity complete?
<input type="checkbox"/>	<input type="checkbox"/>	Is the subject legal phase substantially completed?			
<input type="checkbox"/>	<input type="checkbox"/>	If the project is part of a master association, are the unit owners required to pay monthly assessments of more than \$50 per month to the separate master association?			
		Projected # of phases: _____ Completed # of phases: _____			
		Projected # of units: _____ Completed # of units: _____			

- | Yes                      | No                       | Question  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Does the project operate as a hotel or motel?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Is the project a houseboat, timeshare, or a segmented ownership project?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Is the project a multi-dwelling unit condominium (in which ownership of multiple units is evidenced by a single deed or mortgage)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Are units in the project subject to split ownership arrangements that restrict the unit owner's ability to utilize the property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Is the project operated or owned as a continuing care facility which provides medical and/or supportive services?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Are residential unit owners required to pay mandatory fee(s) for the use of amenities or services not owned by the HOA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Are any units subject to resale or deed restriction?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Does the project or building contain more than 35% of commercial or non-residential space? If yes, the percentage is: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Is the HOA subject to any current or pending litigation? If yes, please provide legal documents.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Is the lender liable for more than 6 months of delinquent common charges if the unit is foreclosed?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Is the HOA receiving more than 10% of its budgeted income from non-incident business arrangements related to the active ownership and/or operation of amenities or services available to unit owners and the public (restaurant, so, health club, etc.)? If yes, the non-incident business is: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Does a single entity own more units in the project than what is allowed by the matrix below? Comment:   |
|                          |                          | Project with 2 to 4 units                      1 unit   |
|                          |                          | Project with 5 to 20 units                      2 units   |
|                          |                          | Project with 21 or more units                      20%  |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Is there any deferred maintenance? If yes, describe any deferred maintenance:   |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Are there any unfunded repairs totaling more than \$10,000 per unit in the project?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Are there any current evacuation order orders due to unsafe conditions in the project?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Are there any structural or mechanical inspection reports that have been completed within the last 3 years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Is the project in need of any critical repairs or replacements that significantly impact the safety, soundness, structural integrity, or habitability of the project's building(s) and/or impact unit values, financial viability, or marketability of the project? If yes, please explain the deficiency and what repairs are to be completed: |



Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	39. Has the HOA obtained any loans to finance improved or deferred maintenance? If yes, amount borrower: _____ terms of repayment: _____
<input type="checkbox"/>	<input type="checkbox"/>	40. Are there any outstanding violations of jurisdictional requirements related to the safety, soundness, structural integrity, or habitability of the project's building(s)? If yes, please provide details and the project's plan to remediate the violation:
<input type="checkbox"/>	<input type="checkbox"/>	41. <b>[CA Only]</b> Is the HOA required to comply with the inspection mandate under SB 326?
<input type="checkbox"/>	<input type="checkbox"/>	Was the SB 326 inspection completed within the past 9 years?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any repairs recommended by the inspection?
<input type="checkbox"/>	<input type="checkbox"/>	Were the repairs completed?

Additional Comments

**The undersigned hereby certifies that the above information is true and correct to the best of their knowledge and is presented on behalf of the homeowner's association for the project listed.**

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

Phone #: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_