

CONDOMINIUM HOA LIMITED REVIEW QUESTIONNAIRE

Borrower Name: _____ Unit #: _____
 Project Legal Name: _____ Tax ID #: _____
 Project Address: _____
 Master Association Name (if applicable): _____

If answer to any question 1-4, 9, or 11-14 is **Yes**, or question 8 or 10 is **No**, please stop and complete a **FULL REVIEW QUESTIONNAIRE**. If any portion of question 5 or 7 is marked **Yes**, the project is **ineligible**. This form must be accompanied by the **Master Insurance Policy**.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Is the project new (less than 90% of the units sold) and units attached? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the project operate like a resort condominium, condotel, leasehold, 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. 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"/> |
| 5. Does project have any significant deferred maintenance that meets one or more of the following criteria:
a) full or partial evacuation of the building for 7 or more days is required to complete repairs;
b) project has deficiencies, defects, substantial damage, or deferred maintenance that
i) is severe enough to affect safety, soundness, structural integrity, or habitability of improvements,
ii) improvements need substantial repairs and rehabilitation, including many major components, or
iii) impedes safe and sound functioning of one or more of the building's major structural or mechanical elements, including but not limited to foundation, roof, load-bearing structures, electrical system, HVAC, or plumbing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has structural and/or mechanical inspection been completed in the last 3 years?
a) If yes, please provide a copy of the inspection report. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the project failed to obtain an acceptable Certificate of Occupancy or pass local regulatory inspections or recertifications in the last 5 years?
a) If yes, please provide applicable inspection, engineering, or other certification reports related to any issues. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are the project units, common areas, and recreational facilities 100% complete with no additional phases to be built? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the Association subject to any lawsuits or litigation?
a) If yes, please attach a copy of the Legal Complaint filed with the court. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do unit owners, through the HOA, have sole ownership interest in and full rights to use the project's facilities and common areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the project contain any commercial space?
a) If yes, is the percentage greater than 25% of the complex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the property a conversion?
a) If yes, was the conversion a Gut Rehab with renovation down the shell with replacement of all HVAC and electrical components? Year converted _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are there any special assessments ongoing or planned?
a) If yes, reason for special assessments: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are any unit owners more than 60 days delinquent on HOA Dues?
a) If yes, how many? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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: _____	