



## LIMITED/STREAMLINED REVIEW CONDO QUESTIONNAIRE

### Homeowner's Association (HOA) or Management Company:

This form has been sent to you on behalf of an individual seeking mortgage financing to purchase or refinance a unit in this project. The mortgage lender needs this information to determine the eligibility of the project for mortgage financing purposes. Please complete and return this form by \_\_\_\_\_ (enter date) to the lender listed below. Questions about this form should be directed to the lender contact.

Lender Name:

Phone Number:

Contact Name:

Email:

### SECTION 1: BASIC PROJECT INFORMATION

Project Legal Name:

Project Physical Address:

HOA Management Address:

HOA Name (if different from Project Legal Name):

Name of Master or Umbrella Association (if applicable):

Does the project contain any of the following (check all that apply):

- ☐ Deed or resale restrictions
  - ☐ Manufactured homes
  - ☐ Mandatory fee-based memberships for use of project amenities if owned by an outside party
  - ☐ Owners pay for additional services or memberships
  - ☐ The project has any nightly rentals
  - ☐ Non-incidental income from business operations
    - ☐ > 10% available to unit owner's and general public
    - ☐ > 15% exclusively for unit owner's
  - ☐ Supportive or continuing care for seniors or for residents with disabilities
- ☐ Yes   ☐ No   Is the project licensed as a hotel, motel, resort or hospitality entity?
- ☐ Yes   ☐ No   Is the project a conversion of a hotel or motel?
- ☐ Yes   ☐ No   Do the project's legal documents require owners to make their unit available for rental pooling daily or otherwise?

Provide additional detail here, if applicable (optional):

### SECTION 2: PROJECT COMPLETION INFORMATION

Answer all questions below:

- ☐ Yes   ☐ No   Is the project 100% complete, including all construction or renovation of units, common elements, and shared amenities for all project phases?
- ☐ Yes   ☐ No   Is the project subject to additional phasing or annexation?
- ☐ Yes   ☐ No   Has the developer transferred control of the HOA to the unit owners?  
If yes, date of transfer:  
If no, date of transfer:
- ☐ Yes   ☐ No   Are 90% or more of the units conveyed (sold and closed) to unit purchasers?



## UNIT DETAILS

Total # of Units:

Total # of Units Complete:

Total # of Units for Sale:

Total # of Units Sold or Under Legal Contact:

Total # of Units Rented (Investments Properties):

Total # of Owner Occupied and Second Homes:

## SECTION 3: FINANCIAL INFORMATION

☐ Yes

☐ No

Is the HOA involved in any active or pending litigation?

**\*If YES**, attach documentation regarding the litigation from the attorney or the HOA.

Provide the attorney's name and contact information:

Name:

Phone Number:

☐ Yes

☐ No

In the event a lender acquires a unit due to foreclosure or a deed-in-lieu of foreclosure, is the mortgagee responsible for paying delinquent common expense assessments?

**\*If YES**, for how long is the mortgagee responsible for paying common expense assessments? (select one below)

☐

1 to 6 months

☐

7 to 12 months

☐

more than 12 months

## SECTION 4: OWNERSHIP & OTHER INFORMATION

Complete the following table **only if** more than one unit is owned by the same individual or entity

Individual/Entity Name	Developer or Sponsor		Number of Units Owned	Percentage owned of total project	Number leased at market rent	Number leased under rent
	<input type="radio"/> Y	<input type="radio"/> N		%		
	<input type="radio"/> Y	<input type="radio"/> N		%		
	<input type="radio"/> Y	<input type="radio"/> N		%		
	<input type="radio"/> Y	<input type="radio"/> N		%		

What is the total square footage of commercial space in the building? Include above and below grade space used for commercial purposes, such as public parking facilities, retail space, apartments, commercial offices, and so on.

Total square footage of commercial space:

Completed by (name):

Please complete and sign on final page.



# CONDOMINIUM PROJECT QUESTIONNAIRE ADDENDUM

This Addendum is applicable to both condominium and cooperative projects. It must be completed by an authorized representative of the HOA/Cooperative Corporation.

## Project Information

Project Name:	
Project Address:	

## Building Safety, Soundness, Structural Integrity, and Habitability

1	When was the last building inspection by a licensed architect, licensed engineer, or any other building inspector?	
2	Did the last inspection have any findings related to the safety, soundness, structural integrity, or habitability of the project's building(s)?	<input type="radio"/> YES <input type="radio"/> NO
2a	If <b>Yes</b> , have recommended repairs/replacements been completed?	<input type="radio"/> YES <input type="radio"/> NO
	If the repairs/replacements have not been completed:	
2b	What repairs/replacements remain to be completed?	
2c	When will the repairs/replacements be completed?	
Provide a copy of the inspection and HOA or cooperative board meeting minutes to document findings and action plan.		
3	Is the HOA/Cooperative Corporation aware of any deficiencies related to the safety, soundness, structural integrity, or habitability of the project's building(s)?	<input type="radio"/> YES <input type="radio"/> NO
3a	If <b>Yes</b> , what are the deficiencies?	
3b	Of these deficiencies, what repairs/replacements remain to be completed?	
3c	Of these deficiencies, when will the repairs/replacements be completed?	

## Building Safety, Soundness, Structural Integrity, and Habitability

**4** Are there any outstanding violations of jurisdictional requirements (zoning ordinances, codes, etc.) related to the safety, soundness, structural integrity, or habitability of the project's building(s)? ☐ YES ☐ NO

If **Yes**, provide notice from the applicable jurisdictional entity.

**5** Is it anticipated the project will, in the future, have such violation(s)? ☐ YES ☐ NO

If **Yes**, provide details of the applicable jurisdiction's requirement and the project's plan to remediate the violation.

**6** Does the project have a funding plan for its deferred maintenance components/items to be repaired or replaced? ☐ YES ☐ NO

**7** Does the project have a schedule for the deferred maintenance components/items to be repaired or replaced? ☐ YES ☐ NO

If **Yes**, provide the schedule.

**8** Has the HOA/Cooperative Corporation had a reserve study completed on the project within the past 3 years? ☐ YES ☐ NO

**9** What is the total of the current reserve account balance(s)? \$

**10** Are there any current special assessments unit owners/cooperative shareholders are obligated to pay? If **Yes**: ☐ YES ☐ NO

**10a** What is the total amount of the special assessment(s)? \$

**10b** What are the terms of the special assessment(s)?

**10c** What is the purpose of the special assessment(s)?



## Building Safety, Soundness, Structural Integrity, and Habitability

**11**

Are there any planned special assessments that unit owners/cooperative shareholders will be obligated to pay? If **Yes**:

☐ YES

☐ NO

**11a** What will be the total amount of the special assessments?

\$

**11b** What will be the terms of the special assessments?

**11c** What will be the purpose of the special assessments?

**12**

Has the HOA obtained any loans to finance improvements or deferred maintenance?

☐ YES

☐ NO

**12a** Amount borrowed?

\$

**12b** Terms of repayment?

## Additional Comments:

## Contact Information

Name of Preparer:

Title of Preparer:

Preparer's Phone:

Preparer's Email:

Preparer's Company Name:

Preparer's Company Address:

Signature:

Date Completed: