

## CONDOMINIUM HOA LIMITED REVIEW QUESTIONNAIRE

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

Project Legal Name: \_\_\_\_\_

Master Association (if applicable): \_\_\_\_\_

Project Address: \_\_\_\_\_

Yes

No

**If the answer to any question 1-10 is Yes, please stop and complete a FULL REVIEW QUESTIONNAIRE.**

1. Is the project both new and are the units attached?
2. Does the project operate like a resort condominium, condotel, leasehold, live-work, or have a rental desk?
3. Is the HOA under control of the Developer?
4. Is the project subject to any additional phasing or add-ons?
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?
6. Does the HOA have any pending litigation or arbitration?
7. Is there any commercial space in the complex?  
**If Yes**, is it greater than 25% of the complex?
8. Is the property a conversion?  
**If Yes**, date of conversion: \_\_\_\_\_  
If Yes, is the conversion a hotel conversion/transient housing conversion?
9. Are there any special assessments?  
**If Yes**, provide documents detailing use.
10. Are any units 60 days or more past due in the payment of each special assessment?  
**If Yes**, is it greater than 15% of the complex?
11. Are any unit owners more than 60 days delinquent on HOA Dues?  
**If Yes**, how many? \_\_\_\_\_
12. HOA Tax Identification Number (TIN or EIN) (required): \_\_\_\_\_

**If the answer to any question 13-14 is No, please stop and complete a FULL REVIEW QUESTIONNAIRE.**

13. Are the units, common areas, and recreational facilities of the project 100% complete with no additional phases to be built?
14. Do unit owners, through HOA, have sole ownership interest in and full rights to use the project's facilities and common areas?

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

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|--|----------|----|
| 15. Please provide Hazard Insurance Declaration/Loss Payee page. | Attached | NA |
| 16. Please provide HO6 Declaration/Loss Payee page.              | Attached | NA |

**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: \_\_\_\_\_