



## Condominium/PUD Project Questionnaire

TO BE COMPLETED BY HOA OR MANAGING AGENT

Borrower Name: \_\_\_\_\_ Loan # \_\_\_\_\_ Unit # \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Project and Unit Information**

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|---|--|---|--|
| <b>1. Project is:</b><br><input type="checkbox"/> Condo<br><input type="checkbox"/> PUD | <b>2. Unit is:</b><br><input type="checkbox"/> Attached<br><input type="checkbox"/> Detached | <b>3. Units are:</b><br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Leasehold | <b>4. Unit owners in control of HOA?</b><br><input type="checkbox"/> Yes, as of _____ / _____ (MM/YYYY)<br><input type="checkbox"/> No |
|---|--|---|--|
- 
- |   |  |
|---|--|
| <b>5. Are all units construction complete?</b><br><input type="checkbox"/> Yes, year built: _____<br><input type="checkbox"/> No, est. completion date: _____ | <b>5a. Are all common elements and amenities complete?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No, incomplete items: _____ |
|---|--|
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|---|---|
| <b>6. Is the project a legally phased project?</b><br><input type="checkbox"/> Yes, # of phases planned: _____<br><input type="checkbox"/> No | <b>6a. If yes, is the project subject to additional phasing/annexation/add-ons?</b><br><input type="checkbox"/> Yes - please complete New Construction/Conversion box below.<br><input type="checkbox"/> No |
|---|---|

**Provide the following information for residential units only:**

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|--|---|
| _____ 7. Total # buildings in project<br>_____ 8. Total # units in project<br>_____ 9. Total # units, primary/2nd home, closed<br>_____ 10. Total # units, primary/2nd home, under contract, not closed<br>_____ 11. Total # units, investor/sublet, closed<br>_____ 12. Total # units, investor/sublet, under contract, not closed<br>_____ 13. Total # units developer/sponsor owned, unsold | <b>14. Project design type:</b><br><input type="checkbox"/> Garden / Low-rise<br><input type="checkbox"/> Row / Townhouse<br><input type="checkbox"/> Mid-rise (5-7 stories)<br><input type="checkbox"/> High-rise (8+ stories)<br><b>15. Predominant building type:</b><br><input type="checkbox"/> Attached <input type="checkbox"/> Detached |
|--|---|

**\*New Construction or Conversion Projects ONLY -- Subject Legal Phase Information**

<input type="checkbox"/> New Construction OR	<input type="checkbox"/> **Conversion, date converted: _____ / _____ (MM/YYYY)
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Building #'s for phase: _____ _____ Total # units in phase _____ Total # units, primary/2nd home, closed _____ Total # units, primary/2nd home, under contract, not closed _____ Total # units, investor/sublet, closed _____ Total # units, investor/sublet, under contract, not closed _____ Total # units developer/sponsor owned, unsold _____ Total # units substantially complete (all the units in the building are complete, subject to the installation of buyer selection items, such as appliances)	<b>**If Conversion, was there a complete gut and rehab of all the building mechanicals and interior components?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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|--------------------------|--------------------------|---|
| YES                      | NO                       | <input type="checkbox"/> <input type="checkbox"/> 16. Is project part of a "Master" or "Umbrella" Association?<br>If YES, please list the name of Master Association: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Does any single entity, individual or group own more than 10% of the total units?<br>If YES, please list name and # of units: _____                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Project with 10 units or less, does any single entity, individual or group own more than 1 unit?<br>If YES, please list name and # of units: _____                      |

YES NO

- 19. Does project/building contain commercial/non-residential space?  
If YES, % of total square footage: \_\_\_\_\_ %, purpose of space: \_\_\_\_\_
- 20. Are any non-incidentual business units owned or operated by the HOA (e.g., restaurant, spa, health club, etc.)?  
If YES, the non-incidentual business is: \_\_\_\_\_
- 21. Are any units subject to Affordable Housing or Age Restrictions?  
If YES, list restrictions and unit #s: \_\_\_\_\_
- 22. Is the lender liable for delinquent common charges if the unit is foreclosed on OR prior to the lender acquiring the property?  
If YES, lender is responsible for \_\_\_\_\_ months.
- 23. Do unit owners have sole ownership & exclusive right to project facilities?
- 24. Are any project facilities (parking, recreation facilities) leased to the HOA?
- 25. Does the project consist of manufactured housing units?
- 26. Is the HOA party to any current or pending litigation (excluding foreclosure or collection actions)? If YES, provide written details separately.
- 27. Are any units less than 400 square feet?
- 28. Are any of the units used for "live-work" (e.g., the unit owner lives in a loft area and runs a business on the ground floor)?
- 29. Is the project a Continuing Care Retirement Community or Life Care Facility where residents sign long-term contracts for housing, medical, assisted-living, and other services?
- 30. Is the project a condotel? (Does the project include registration services & offer rentals on a short term basis ? Does the project have a website that presents itself as a hotel, resort, inn, motel, lodge, or other hospitality entity? Are amenities such as food, phone, or daily cleaning services offered?

31. # of units that are over 60 days delinquent in common charges/HOA fees. \_\_\_\_\_ units / Total amount delinquent \$ \_\_\_\_\_

32. Monthly HOA Dues: \$ \_\_\_\_\_ / per month

**Insurance Information**

- 33. Insurance Carrier \_\_\_\_\_  
Agent Name \_\_\_\_\_ Phone# \_\_\_\_\_ Email \_\_\_\_\_
- 34. Does the HOA Property insurance (Hazard, Building) cover the interior fixtures of the units, including walls, cabinetry, flooring, appliances etc.?  Yes  No

**HOA Management Information**

- 35. Is HOA professionally managed?  Yes  No  
If yes, provide name & contact information for the management company  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone# \_\_\_\_\_

**Certification**

- 36. The undersigned hereby certifies that to the best of their knowledge and belief, the information and statements contained on this form and any attachments are true and correct. The undersigned further represents they are authorized by the Homeowner's Association Board of Directors to provide this information on behalf of the Association  
  
Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone#: \_\_\_\_\_