

<b>Project Legal Name</b>	
<b>Master Association Name (if applicable)</b>	
<b>Full Property Address</b>	
<b>Phase # (if any)</b>	

**Section 1. General Project Information**

1. Property rights	Fee Simple	Leasehold
2. Property type	Condo	PUD
3. Unit type	Attached	Detached
4. Project design type	Garden/Low Rise	Row/Townhouse
	Mid-rise (5-7 stories)	High rise (8+stories)
5. Has control of the HOA been transferred over to the unit owners?	If Yes, when	No
6. Is the project 100% complete, including all construction or renovation of units, common elements, and shared amenities for all project phases?	Yes	No

***If No, complete Condo Questionnaire Full Review***

**Section 2. Financial and Legal Information**

7. Monthly HOA dues		
8. Is HOA currently involved in any active or ending litigation, mediation or arbitration?	Yes	No

***If Yes, please provide a litigation disclosure describing***  
***1) the nature of the claim 2) if the insurance company is defending the claim 3) estimated amount of the claim***

9. Does the project permit a priority lien for unpaid common expenses in excess of 6 months (in excess of 12 months for Florida)?	Yes	No
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**Section 3. Project Ownership Information**

10. Total # of buildings		
11. Total # of units		
12. Total # of units complete		
13. Total # of units owned by the HOA/Developer/Unsold		
13a. How many are vacant and marked for sale?		
13b. How many are tenant occupied?		
13c. How many are subject to non-eviction rent regulation codes?		
14. Does any single person/entity other than HOA/Developer own more than one unit?	Yes	No

***If Yes, list name(s) and # of unit(s)***

14a. Are any entity a non-profit held in affordable housing programs?	Yes	No
15. Does the multi-dwelling project allow an owner to hold title to multiple units (or shares) with a single deed and mortgage (or share loan)?	Yes	No

16. Any deed/resale restrictions that split ownership of property or curtail an owner's ability to utilize the property; including common interest apartments?	Yes	No
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**Section 4. Project Characteristics & Amenities**

17. Do the unit owners have sole ownership and rights to use the project facilities and amenities?	Yes	No
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18. Are any of the project's facilities or amenities leased from a third party?	Yes	No
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19. Are the amenities subject to a recreational lease?	Yes	No
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***If Yes, provide copy of lease***

20. Are the amenities subject to a recreational lease?	Yes	No
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21. Does project require mandatory fee-based membership for use of project amenities or services?	Yes	No
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22. Is any part of the project used for commercial/non-residential purposes? (excluding commercial parking)	Yes	No
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***If Yes,***

22a. What is its % of total project square footage?

22b. What types of businesses use the space?

23. Does project provide any supportive or continuing care for seniors or for residents with disabilities?	Yes	No
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24. Is the project managed by a management company?	Yes	No
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25. Does each unit have its own heating and cooling system?	Yes	No
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26. Is the HOA receiving more than 10% of its budget for non-incidentals income?	Yes	No
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**Section 5. Condotel Characteristics**

27. Does the project contain any of the following?

27a. Hotel/motel/resort services (not limited to registration services, daily or short-term rentals, daily cleaning services, central telephone service or key systems, and restrictions on interior decorating?)	Yes	No
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27b. Professionally managed by a hotel or resort management company that also facilitates short term rentals for unit owners or projects with management companies that are licensed as a hotel, motel, resort, or hospitality entity?	Yes	No
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27c. Mandatory or voluntary rental pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit?	Yes	No
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27d. Units typically sold furnished?	Yes	No
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27e. Units less than 400 square feet, interior doors adjoining units, or mini kitchens?	Yes	No
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27f. Restrictions on year-round occupancy (e.g., blackout dates, timeshares, or segmented ownership)?	Yes	No
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**Section 6. Newly Converted or Rehabilitated Information**

28. Is the project a conversion of an existing building? Yes  No

*If Yes,*

28a. When was the conversion completed? \_\_\_\_\_

28b. Was the conversion a Full-Gut (down to shell of structure, including replacement of all HVAC, plumbing, and electrical components) or Non-Gut conversion? Full-Gut  Non-Gut

**\*If completed within the last 3 years, provide a copy of original conversion report\***

**\*Non-Gut conversion requires PERS review\* (Project Eligibility Review Source-Fannie)**

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**Section 7. Building Safety, Structural Integrity, Soundness, or Habitability**

29. When was the last building inspection by a professional (licensed architect, engineer) or Authority? \_\_\_\_\_

**\*If completed within 3 years, provide a copy of the report and most recent 6 months of HOA meeting minutes**

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30. Did the last inspection find any significant deferred maintenance, substantial damage, defects or unsafe conditions? Yes  No

*If Yes,*

30a. What are the deficiencies or damages? \_\_\_\_\_

30b. Has required repairs been completed? Yes  No

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31. Is the HOA aware of any significant deferred maintenance, substantial damage, defects or unsafe conditions that were not reported on the last inspection? Yes  No

*If Yes,*

31a. What are the deficiencies or damages? \_\_\_\_\_

31b. Does HOA have a schedule for repair or replacement? Yes  No

31c. Is there a funding plan for repair replacement? Yes  No

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32. Are there any outstanding violations or jurisdictional requirements (zoning ordinance, codes, etc.) at this time or expected in the future? Yes  No

***If Yes, please provide notice from the authority***

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33. Are there any current special assessments or future contemplated special assessments against unit owners? Yes  No

*If Yes,*

33a. What is the total amount of the special assessments? \_\_\_\_\_

33b. What are the repayment terms of the special assessments? \_\_\_\_\_

33c. What are the purposes of the special assessments? \_\_\_\_\_

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**Section 8. Master Insurance**

34. Does the Master Policy cover (SELECT ONE):

Bare Walls     
  Walls-In to Original Plan & Spec     
  Walls-In including Betterments & Improve

Insurance Carrier: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Section 9. Preparer & Management Company Information**

The undersigned confirms that, to the best of their knowledge and belief, all information and statements provided on this form and in any attached documents are accurate and correct. Furthermore, the undersigned asserts that they are authorized by the Home Owner's Association Board of Directors to submit this information on behalf of the Association.

Preparer's Name			
Title			
Company Name			
Company Address			
Email Address			
Phone Number			
Preparer's Signature		Date Completed	