

CONDOMINIUM/PUD QUESTIONNAIRE
(NOT TO BE USED FOR COOPERATIVES)

Management Company is to provide and complete all information below:

Applicant Name: _____

Loan #: _____

Project Name: _____

Project Address: _____

Unit #: _____

Project Information:

Total Project/Phase:	# of Units	Project:	# of Units	Phase:	# of Units
Total # Units in Project:		Primary/Owner Occupied:		Primary/Owner Occupied:	
Total # Units Sold:		2 nd Home:		2 nd Home:	
Total # Units Closed:		Non-Owner/Investment:		Non-Owner/Investment:	
		Commercial:*		Commercial:*	

*Provide percentage of projects total square footage: _____ %

- 1) Are all the units, common areas and recreation facilities installed and 100% Complete? Yes No
 - a) Is/was the project created by conversion? Yes No
 IF YES, provide the year converted _____
 - b) Date the HOA was conveyed to the unit owners: _____
 If not conveyed, provide the anticipated date of conveyance? _____
 - d) If there is a Master Association, is it 100% Complete? Yes No
 Date Conveyed/Anticipated Date: _____
 - f) Eviction plan? Yes No
- 2) Is the project subject to additional phasing or annexation? Yes No
- 3) Are units in the project owned fee simple, with an undivided interest in the common areas? Yes No
- 4) Are there any leased recreational facilities or any leased common areas? Yes** No
- 5) Does the Developer retain ownership interest in any of the facilities or common areas? Yes** No
- 6) Are there any two-to-four unit dwellings or space devoted to commercial use? Yes** No
- 7) Is there any litigation pending against the association? Yes** No
- 8) List any multiple unit owners and the number of units each owns:

- 9) Is the project a condo hotel, a timeshare project, or a leasehold? Yes No
- 10) Does the project including any houseboat units, multi-dwelling units or manufactured units that constitute a non-conforming use? Yes No
- 11) How many unit owners are delinquent, 30 days or more, in the payment of association dues? # _____ and \$ _____
- 12) Are there any special assessments now planned? Yes No
 IF YES, provide \$ _____/unit.
- 13) What is the dollar (\$) amount of each unit's monthly association dues? \$ _____
- 14) Is the project subject to a substantial code zoning change, in the event of substantial destruction or condemnation? Yes** No
- 15) Do the legal documents of the HOA contain a right of first refusal, or any other restrictive covenants? Yes** No
 IF YES, in the event of foreclosure, are the covenants or right of first refusal waived? Yes No
- 16) Is the project self-managed? Yes No
 IF YES, for how long? _____
- 17) Date of the last Attorney General sponsor Filing / Amendment: _____
 If greater than 1 year, please explain: _____
- 18) Does the Annual Budget contain a line item for repairs/capital reserves? Yes No
 If yes, what is the balance in the account? _____

**** If the answer to any of these questions is YES, please provide the details on a separate sheet and/or supply documentation.**



CONDOMINIUM/PUD QUESTIONNAIRE
(NOT TO BE USED FOR COOPERATIVES)

Insurance Information:

Insurance Agency: _____

Address: _____

Contact: _____

Phone Number: _____

Fax Number: _____

CERTIFICATION: I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on this form and the attachments are true and correct.

Signature of Manager
or Authorized Employee: _____
Name *Title*

Date: _____

Management Company Name: _____

Address: _____

Phone Number: _____

Fax Number: _____