



## HOA Full Lender Condominium Review Questionnaire

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

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

**Project Address:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**We will not accept "Doesn't track", "Unknown", "N/A", or blanks for answers. Provide actual numbers and not percentages.**

1. Does the project have any of the items listed below? *Please check all which apply.*  Yes  No  
 Hotel Operation    Timeshares    Under 30 day Rentals    Continuing Care Requirement Community  
 Central Phones    Maid Service    Check-In Desk    Manufactured Housing    Houseboat  
 Mandatory Rental Pool    Multi-Dwelling Unit (more than one unit on a deed and/or mortgage)  
 Project is listed as an investment security with the SEC.    Project contains non-incident business operations (restaurant, spa, etc.)  
 Project is a common interest apartment or community apt. project
2. Is the HOA a licensed Hotel, Motel, resort or Hospitality Entity?  Yes  No
3. Does the HOA or legal documents require owners to make units available for rental pooling?  Yes  No
4. Does the HOA or legal documents require owners to share profits from the rental or units with the HOA Management Company or resort/hotel rental company?  Yes  No
5. Total No. of units in project \_\_\_\_\_
6. Total No. of units sold and closed \_\_\_\_\_
7. No. closed or under contract to owner occupants \_\_\_\_\_
8. No. closed or under contract to investors \_\_\_\_\_
9. No. closed or under contract to second home buyers \_\_\_\_\_
10. Largest No. of units owned by a single person/entity \_\_\_\_\_
11. No. of units over 60 days delinquent and dollar amount of delinquency \_\_\_\_\_ \$ \_\_\_\_\_
12. Is there any additional phasing or annexation?  Yes  No
13. Are units owned fee simple, not leasehold?  Yes  No
14. Are all units, common areas, and amenities completed?  Yes  No
15. Date association turned over to unit owner control (Month/Year) \_\_\_\_\_ / \_\_\_\_\_
16. Is the project a conversion?  Yes  No  
 If yes, is project a Gut Rehab with renovation of a property down to the shell with the replacement of all HVAC & electrical components? Year Converted \_\_\_\_\_  Yes  No
17. Does the project contain any governmentally regulated low or moderate income housing units (also known as inclusionary zoning)?  Yes  No
15. Is the project subject to a recreation/land lease?  Yes  No
16. Are the units subject to "private transfer fee covenants"?  Yes  No  
 If yes, who is the private transfer fee paid to? \_\_\_\_\_
17. Does the project have a mandatory club membership?  Yes  No  
 If yes, who owns the club? \_\_\_\_\_
18. Are there any special assessments ongoing or planned?  Yes  No  
 If yes, provide the reason for the special assessment. \_\_\_\_\_
19. Is the association subject to any law suits?  Yes  No  
 If yes, provide a copy of the Legal Compliant filed with the court.
20. Does the project contain any commercial space?  Yes  No  
 If yes, what percentage of the project is commercial? \_\_\_\_\_%
21. Has the Homeowners Association or Developer retained any right of first refusal?  Yes  No  
 If yes, are the mortgagees excluded for this right of first refusal?  Yes  No
22. If a unit is foreclosed or taken back in deed or lieu of foreclosure, is the mortgagee (lender) responsible for HOA dues?  Yes  No  
 If yes, for how long  0-6 months  7-12 months  more than one year



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23. Is the project located in a Master Association? [ ] Yes [ ] No  
 If yes, what is the legal entity of the Master Association? [ ] Condo [ ] PUD
24. Does the Homeowners Association or Management Company maintain separate accounts for operating expense and reserve funds? [ ] Yes [ ] No
25. Are the monthly account statements being sent directly to the HOA? [ ] Yes [ ] No
26. Does the property management company have the authority to draw checks against or transfer from the reserve account? [ ] Yes [ ] No
27. Are two or more members of the Board of Directors required to sign checks drafted against the reserve account? [ ] Yes [ ] No
28. What is the balance in the segregated reserve account? \$ \_\_\_\_\_
29. Insurance Contact: **Agent Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SOURCE OF INFORMATION:** Acceptable sources include an officer of the condominium association or a qualified employee of the association's management company.

\_\_\_\_\_  
**Source of Information**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Email**

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**Website Address of Association**