

## Homeowner's Association Questionnaire for Condominium or Cooperative Projects

Name of Project: \_\_\_\_\_ Date: 11/19/09

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

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

<u>HOMEOWNER ASSOCIATION</u>	<u>INSURANCE AGENT</u>
Name of Assn.: _____	Contact Name: _____
Address: _____	Address: _____
Contact Name: _____	_____
Phone: _____	Phone: _____

Home Owner Association Email Contact: \_\_\_\_\_

1. The project is <input type="radio"/> Purpose Built / <input type="radio"/> Converted as condominium on this date:	
2. Total # of units in project: <b>NOTES:</b>	
3. Are all units, common areas and recreational facilities built out? <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No
4. Is the project subject to additional phasing or annexation? <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No
5. Has the HOA passed to unit owners <input type="radio"/> Yes <input type="radio"/> No (if yes, what was date?)	Date: _____
6. (a.) Project sold out? <input type="radio"/> Yes <input type="radio"/> No # of units sold, if project is <b>NOT</b> fully sold out?	
(b.) # of units currently for sale?	
(c.) # of units still owned by developer?	
7. # of units in foreclosure or owned by lenders	
8. # of units which are owner-occupied as primary residence:	
9. # of units which are second homes:	
10. # of units which are rented:	
11. If rentals are permitted, do bylaws and approved lease form require rent to be applied to delinquent assessments? <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No
12. Does any person or entity own more than 2 units? If yes, how many people and how many units:	<input type="radio"/> Yes <input type="radio"/> No
13. Is there a <b>Reserve Account</b> in the amount not less than <b>10% of total budget</b> ? <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No
14. Do the unit owners share the right to the use of the project's facilities, common elements and limited common elements with any other HOA or party? <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No
15. Is any part of the grounds, buildings, common areas, recreational facilities or other project property leased? <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No

16. What are the <input type="radio"/> MONTHLY <input type="radio"/> QUATERLY HOA dues? (range)	\$            to \$
17. Total # of units whose HOA assessments are 30 days or more delinquent :	
18. Does the HOA, or a Management Co. manage the property?	<input type="radio"/> HOA <input type="radio"/> MgtCo
19. Is there more than one Assoc. for the project, such as a Master Assoc.? If yes, provide legal names of all Associations. <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No
20. Are there any pending or outstanding special assessments. If yes, please describe the nature and amount. <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No \$
21. Does HOA waive any right of first refusal to the sale, lease or transfer of a unit on foreclosure or deed-in-lieu or short sale? <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No
22. Is the unit subject to any resale restrictions? (i.e. age, income, zoning etc.) <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No
23. Does project have fractional ownership, short term rentals, rental pool, advertised rentals or manufactured homes? <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No
24. If title to a unit is obtained by foreclosure or deed-in-lieu, is mortgagee responsible for more than 6 months delinquent assessments? <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No
24. Carrier, amount & deductible of <b>general liability insurance</b> ?	
24. Carrier and amount and deductible of <b>property insurance</b> ?	
26. Carrier and amount of <b>fidelity Bond insurance</b> ?	
27. Carrier and amount and deductible of <b>Windstorm Insurance</b> ? (FL)	
28. Amount of <b>Flood Insurance</b> ?	
29. How many buildings are insured by the above policies	
30. What is the I D of the building the unit is located in?	
31. How many units in the building where this subject property is located?	
32. How many stories (floors) are in this building?	
33. Does this building have an elevator?(individual unit loans only)	<input type="radio"/> Yes <input type="radio"/> No
34. What style is this project? <input type="radio"/> 2-story townhouse <input type="radio"/> apartment <input type="radio"/> Detached <input type="radio"/> Garden <input type="radio"/> Ranch	
35. Is the HOA involved in or anticipating any litigation, in which the homeowners association is named as a party to the litigation? (you may answer "NO" if the litigation is minor and covered by the project's liability insurance, example: "slip and fall case", etc) <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No
36. Are any adverse environmental hazards affecting the unit or project? <b>NOTES:</b>	<input type="radio"/> Yes <input type="radio"/> No

The following documents marked with an "X" are required to complete a review of this project

<b>Condominium</b>		<b>Cooperative Apartment Project</b>	
<b>X</b>	Current Budget and Balance sheet signed by officer (MUST INCLUDE RESERVE ACCT)	<b>X</b>	Current Budget and Balance Sheet signed by officer (MUST INCLUDE RESERVE ACCT)
	Articles of Incorporation		Articles of Incorporation
	Copy of current recorded Declaration signed by officer		Signed copy of current bylaws and amendments
	Copy of Master Assoc. documents (if applicable)		Copy of any leases affecting project property
	Copy of any leases affecting project property		Copy of certificate granting ownership interest in coop
	Signed amendments to bylaws if not in Declaration		Copy of proprietary lease or occupancy agreement
<b>X</b>	Declaration pages to ALL insurance policies	<b>X</b>	Declaration pages to ALL insurance policies

Additional documentation may be necessary to complete this review

I certify that the above information is true and correct to the best of my knowledge:

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

PrintName: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email: \_\_\_\_\_