



WHOLESALE MORTGAGE BANKERS

Borrower Name: _____ Loan # _____ Unit # _____

Project Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Project and Unit Information

1. Project is: Condo PUD

2. Unit is: Attached Detached

3. Units are: Fee Simple Leasehold

4. Unit owners in control of HOA? Yes, as of _____ / _____ (MM/YYYY) No

5. Are all units construction complete? Yes, year built: _____ No, est. completion date: _____

5a. Are all common elements and amenities complete? Yes No, incomplete items: _____

6. Is the project a legally phased project? Yes, # of phases planned: _____ No

6a. If yes, is the project subject to additional phasing/annexation/add-ons? Yes - please complete New Construction/Conversion box below. No

Provide the following information for residential units only:

7. Total # buildings in project _____

8. Total # units in project _____

9. Total # units, primary/2nd home, closed _____

10. Total # units, primary/2nd home, under contract, not closed _____

11. Total # units, investor/sublet, closed _____

12. Total # units, investor/sublet, under contract, not closed _____

13. Total # units developer/sponsor owned, unsold _____

14. Project design type: Garden / Low-rise Row / Townhouse Mid-rise (5-7 stories) High-rise (8+ stories)

15. Predominant building type: Attached Detached

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

New Construction OR **Conversion, date converted: _____ / _____ (MM/YYYY)

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) _____

**If Conversion, was there a complete gut and rehab of all the building mechanicals and interior components? Yes No

YES NO

16. Is project part of a "Master" or "Umbrella" Association?
If YES, please list the name of Master Association: _____

17. Does any single entity, individual or group own more than 10% of the total units?
If YES, please list name and # of units: _____

18. Project with 10 units or less, does any single entity, individual or group own more than 1 unit?
If YES, please list name and # of units: _____

19. Does project/building contain commercial/non-residential space?
If YES, % of total square footage: _____ %, purpose of space: _____

20. Are any non-incident business units owned or operated by the HOA (e.g., restaurant, spa, health club, etc.)?
If YES, the non-incident business is: _____

21. Are any units less than 400 square feet? _____

YES NO

22. Are any units subject to Affordable Housing or Age Restrictions?
If YES, list restrictions and unit #s: _____
23. Is the lender liable for delinquent common charges if the unit is foreclosed on OR prior to the lender accruing the property?
If YES, lender is responsible for _____ months.
24. Do unit owners have sole ownership & exclusive right to project facilities?
25. Are any project facilities (parking, recreation facilities) leased to the HOA?
26. Does the project consist of manufactured housing units?
27. Is the HOA party to any current or pending litigation (excluding foreclosure or collection actions)? If YES, provide written details separately. _____
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. Is the HOA aware of any deficiencies related to the safety, soundness, structural integrity, or habitability of the project's buildings?
If yes, please explain the deficiency and what repairs to be completed.

32. Are there any outstanding or anticipated violations of jurisdictional requirements (zoning ordinances, codes, etc.) related to the safety, soundness, structural integrity, or habitability of the projects?
If yes, please provide details of the applicable jurisdiction's requirement and the project's plan to remediate the violation

If yes, have the repairs been completed? If not, when will the repairs/replacement be completed? _____
33. Has the HOA obtained any loans to finance improved or deferred maintenance?
If yes, please complete the questions
Amount borrowed: \$ _____ Terms of repayment: _____
34. Are there any current and/or projected special assessments unit owners obligated to pay?
If yes, please complete the below questions
Total amount of special assessment(s): \$ _____
The terms/purposes of the special assessment(s): _____
35. If the special assessment relates to structural repairs, have the repairs fully been completed?
36. Does this special assessment have a negative impact to the financial stability, viability, condition, and marketability of the project?
37. Total of the current reserve account balance: \$ _____
38. # of units that are over 60 days delinquent in common charges/HOA fees. _____ units / Total amount delinquent \$ _____
39. Monthly HOA Dues: \$ _____ / per month

Insurance Information

40. Insurance Carrier _____
Agent Name _____ Phone# _____ Email _____
41. Does the HOA Property insurance (Hazard, Building) cover the interior fixtures of the units, including walls, cabinetry, flooring, applicances etc.?
 Yes No

HOA Management Information

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

Certification

43. 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#: _____