

Condominium/PUD Project Questionnaire

****TO BE COMPLETED BY HOA OR MANAGING AGENT****

Borrower Name: _____ Loan Number: _____ Unit Number: _____

Project Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Project and Unit Information

- | | | | |
|--|---|--|---|
| 1. Project is:
<input type="checkbox"/> Condo
<input type="checkbox"/> PUD | 2. Unit is:
<input type="checkbox"/> Attached
<input type="checkbox"/> Detached | 3. Units are:
<input type="checkbox"/> Fee Simple
<input type="checkbox"/> Leasehold | 4. Unit owners in control of HOA?
<input type="checkbox"/> Yes, as of ____ / ____ (MM/YEAR)
<input type="checkbox"/> 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 # of buildings in project | 14. Project design type:
<input type="checkbox"/> Garden / Low-rise |
| _____ 8. Total # of units in project | <input type="checkbox"/> Row / Townhouse |
| _____ 9. Total # of units – primary/2 nd home, closed | <input type="checkbox"/> Mid-rise (5-7 stories) |
| _____ 10. Total # of units – primary/2 nd home, under contract, not closed | <input type="checkbox"/> High-rise (8+ stories) |
| _____ 11. Total # of units – investor/sublet, closed | 15. Predominant building type: |
| _____ 12. Total # of units – investor/sublet, under contract, not closed | <input type="checkbox"/> Attached <input type="checkbox"/> Detached |
| _____ 13. Total # of units developer/sponsor owned, unsold | |

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

☐ New Construction OR ☐ **Conversion, date converted: ____ / ____ (MM/YEAR)

Building #'s for phase:

- | | |
|--|--|
| _____ Total # of units in phase | ** If Conversion, was there a complete gut and rehap of all the building mechanicals and interior components?
<input type="checkbox"/> Yes
<input type="checkbox"/> No |
| _____ Total # of units – primary/2 nd home, closed | |
| _____ Total # of units – primary/2 nd home, under contract, not closed | |
| _____ Total # of units – investor/sublet, closed | |
| _____ Total # of units – investor/sublet, under contract, not closed | |
| _____ Total # of units, investor/sublet, under contract, not closed | |
| _____ Total # of units substantially complete (all the units in the building are complete, subject to the installation of buyer selection items, such as appliances) | |

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Is project part of a “Master” or Umbrella” Association?
If YES, please list the name of Master Association: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Doe any single entity, individual or group own more than 10% of the total units?
If YES, please list name and # of units: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 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: _____ |

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Does project/building contain commercial/non-residential space?
If YES, # of total square footage: _____ %, purpose of space: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Are any non-incidental business units owned or operated by the HOA (e.g., restaurant, health club, etc.)?
If YES, the non-incidental business is: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Are any units less than 400 square feet? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Are any units subject to Affordable Housing or Age Restrictions?
If YES, list restrictions and unit #s: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Is the lender liable for delinquent common charges if the unit is foreclosed on OR prior to the lender acquiring the property?
If YES, lender is responsible for: _____ months |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Do unit owners have sole ownership & exclusive right to project facilities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Are any project facilities (parking, recreation facilities) leased to the HOA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Does the project consist of manufactured housing units? |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. If the HOA Party to any current or pending litigation (excluding foreclosure or collection actions)?
If YES, provide written details separately. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Is the HOA award 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? _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Has the HOA obtained any loans to finance improved or deferred maintenance?
If YES, please complete the questions below:
Amount borrowed: \$ _____ Terms of repayment: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Are there any current and/or projected special assessments unit owners obligated to pay?
If YES, please complete the questions below:
Total amount of special assessment(s): \$ _____
The terms/purposes of the special assessment(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. If the special assessment relates to structural repairs, have the repairs fully been completed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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: \$ _____ /month |

California Condominium

40. Does the project have exterior elevated elements (i.e. balconies, decks, stairways, and walkways) higher than six (6) feet?
☐ Yes ☐ No If YES, continue to Question 41. (If the answer to Question 40 is "No," Question 41 is not required.)

41. When the answer to Question 40 is "Yes," provide the following as required per SB 326:

The building inspection report including evidence any required repairs have been completed, if applicable.

Insurance Information

42. Insurance Carrier

Agent Name: _____ Phone Number: _____ Email: _____

43. Does the HOA Property insurance (Hazard, Building) cover the interior fixtures of the units, including walls, cabinetry, flooring, appliances, etc.? ☐ Yes ☐ No

HOA Management Information

44. Is HOA professionally managed? ☐ Yes ☐ No

If YES, provide name & contact information for the management company.

Company Name: _____

Contact Name: _____ Phone Number: _____

Certification

45. 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 Number: _____