

Condominium Project Questionnaire – Short Form

Instructions

Lender: Complete the first table below and enter the date on which the form should be returned to you.

Condominium Association or Management Company: This form has been sent to you on behalf of an individual seeking mortgage financing to purchase or refinance a unit in this project. The mortgage lender requires this information to determine the eligibility of the project for mortgage financing purposes. Please complete and return this form by [enter date] _____ to the lender listed below. Any questions should be directed to the lender contact.

Lender Name		Lender Phone Number	
Contact Name		Lender Fax Number	
Lender Address		Lender Email Address	

I: Basic Project Information

1. Project Legal Name	
2. Project Physical Address	
3. Condominium Management Address	
4. Condominium Association Name <i>(if different from Project Legal Name)</i>	
5. Condominium Association Tax ID #	
6. Management Company Tax ID #	
7. Name of Master or Umbrella Association <i>(if applicable)</i>	
8. Does the project contain any of the following <i>(check all that apply)</i> :	
	Deed or resale restrictions
	Mandatory fee-based memberships for use of project amenities or services
	Non-incident income from business operations

Provide additional detail here, if applicable *(optional)*:

II: Project Completion Information

Answer all questions below:	Yes	No
1. Is the project 100% complete, including all construction or renovation of units, common elements, and shared amenities for all project phases?		
2. Is the project subject to additional phasing or annexation?		
3. Has the developer transferred control of the Condominium Association unit owners?	If yes, date of transfer:	If no, estimated date of transfer:
4. Are 90% or more of the units conveyed (sold or closed) to unit purchasers?		

III: Financial Information

1. In the event a lender acquires a unit due to foreclosure or a deed-in-lieu of foreclosure, is the mortgagee responsible for paying delinquent common expense assessments? Yes* No

*If Yes, for how long is the mortgagee responsible for paying common expense assessments? (select one)

1 to 6 months

7 to 12 months

more than 12 months

2. Is the Association involved in any active or pending litigation? Yes* No

*If Yes, attach a documentation regarding the litigation from the attorney or the HOA. Provide the attorney's name and contact information:

Name:

Phone:

IV: Ownership & Other Information

1. Complete the following table if more than one unit is owned by the same individual or entity.

Individual/Entity Name	Developer or Sponsor	Number of Units Owned	Percentage Owned of Total Project Units	Number Leased at Market Rent	Number Leased Under Rent Control
	Yes No		%		
	Yes No		%		
	Yes No		%		
	Yes No		%		

2. Are any units in the project used for residential purposes? Yes* No

*If Yes, complete the following:

Type of Residential Use	Name of Owner or Tenant	Number of Units	Square Footage	% Square Footage of Total Project Square Footage
				%
				%
				%
				%

3. What is the total square footage of residential space vs. total square footage of commercial space? Include above and below grade space used for residential purposes, such as apartments.

Total square footage of residential space:

V: Insurance Information & Financial Controls

1. Are units or common elements located in a flood zone? Yes No
 If Yes, floor coverage is in force equaling (*select only one option below*):

100% replace cost

Maximum coverage per condominium available under the National Flood Insurance Program

Some other amount: \$

2. Check all of the following that apply regarding Condominium Association financial accounts:

COA maintains separate accounts for operating and reserve funds.

Appropriate access controls are in place for each account.

The bank sends copies of monthly bank statements directly to the Condominium Association.

Two members of the Association Board of Directors are required to sign any check written on reserve accounts.

The Management Company maintains separate records and bank accounts for each Association that uses its services.

The Management Company does not have the authority to draw checks on, or transfer funds from, the reserve account of the Association.

3. Supply the information requested. Do NOT enter "contact agent".

Type of Insurance	Carrier/Agent Name	Carrier/Agent Phone Number	Policy Number
Hazard			
Liability			
Fidelity			
Flood			

VI: Contact Information

Name of Preparer	
Title of Preparer	
Preparer's Company Name	
Preparer's Phone	
Preparer's Email	
Preparer's Company Address	
Date Completed	