

## **Condo/PUD Project Questionnaire**

Borrower:		Loan Number:	
Loan Amount: \$		LTV:	%
Project name: Street Address: County: Project Type:	Condominium	State	City Zip Code: Development)
1. <u>Unit Sales</u>			
The Project consis	ts of total Units.		
Total nu	mber of units (principal residence and	d second home) that are und	der contract but have not closed.
Total nu	imber of units (investor) that are unde	r contract but have not close	ed.
Total nu	mber of principal residence and seco	nd home units that have clo	osed.
Total nu	mber of investor owned units that have	ve closed.	
Total nu	mber of unsold units.		
2 # of Units	_/ % Units greater than 60	days delinquent in Common	Charges/HOA dues
Yes No			
3 Does a s	single entity own more units in the pro	pject than what is allowed as	s follows?
<ul> <li>Projects v</li> </ul>	with 2 – 4 units – 1 unit with 5 -20 units – 2 units with 21 or more units – 10%		
4. 🗌 🗎 Is project	ct (including all common areas) comp	lete? (per Public Offering S	tatement/Prospectus)
Number	of units planned:Number	r of legal phases Planned:_	
Number	of units completed:Number	of legal phases completed:	: <u> </u>
If projec	et not completed, expected date of co	mpletion://	Year
5	et a conversion? If yes, give date:	Month / Year	
6   Has cont	rol of the HOA been turned over to th		/ Year
7	<u>nder</u> liable for delinquent Common Cl	narges? If yes, how many m	nonths?
8 🗌 🔲 Is more t	han 25% of the total square footage of	of the project used for nonre	sidential purposes?
9 🔲 🗎 Does th	e project have any non-incidental bus	siness operation owned or o	perated by the HOA?
10 🗌 🗎 Is the P	roject a condo-hotel?		
	a party to any current/pending litigation		etails separately.
12 🗌 🗎 Is HOA	subject to a Master or Umbrella asso	ciation? Name	

Vec. No.		
Yes No		
13 🔲 🔲 Is project profession	ionally managed?	
Managing Agent:		
Phone:	Contact:	
Insurance Agent:		
Division		
Phone:	Contact:	
14 🔲 🔲 Are any units subje	eject to resale restrictions?	
on the basis of age the	arket rate units (or other restrictions such as low-income or moderate -income purcha hat affect the resale)? List of unit #'s that are subject to resale restrictions (attach se	
15 Is land  Owned	Leased If leased , expiration date is//	
16 Are recreational facilities	☐ Owned ☐ Leased If leased , expiration date is/	ar
	CONTACT INFORMATION & SIGNATURE	
	Date: /	1
	Date:/ Month D	Day Year
Contact name:	Title:	-
Signature:	Phone:	•
Signature: Company Name:		
Company Name:	Fax:	-
Company Name:		-
Company Name:	Fax:	-
PROJECT In all cases:	Fax:Fax:Fax:Fax:	-
PROJECT  In all cases:  Complete Condo/PUD	Fax: Fa	ents)
PROJECT  In all cases:  Complete Condo/PUD  Evidence of Insurance	Fax:Fax:Fax:Fax:	ents)
PROJECT  In all cases:  Complete Condo/PUD  Evidence of Insurance zone.)	Fax: Fa	ents) lo is in A or V flood
PROJECT  In all cases:  Complete Condo/PUD  Evidence of Insurance zone.)  Most recent Audited F	Fax:  DOCUMENT CHECKLIST (Please submit all applicable docume  D Questionnaire - Parts II, III & IV  e with HOA as a named insured (Property & General Liability; Flood, if cond	ents)  do is in A or V flood  ng Budget.
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PROJECT  In all cases:  Complete Condo/PUD  Evidence of Insurance zone.)  Most recent Audited F  Additional docur  Public Offering Statem	DOCUMENT CHECKLIST (Please submit all applicable docume D Questionnaire - Parts II, III & IV e with HOA as a named insured (Property & General Liability; Flood, if conditions of the projects	ents)  do is in A or V flood  ng Budget.
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