



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

**California Condominium**

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

**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#: \_\_\_\_\_