

Borrower Name: _____ Unit #: _____

Project Legal Name: _____

Project Address: _____

Master Association Name (if applicable): _____ Tax ID: _____

If answer to any question 1 or 3 is Yes, or the answer to any question 8 is No, please stop and complete the FULL REVIEW QUESTIONNAIRE. If the answer to any question 2, 4, 5, 10, 11 or 13a is marked Yes, or question 12 is marked No the project is ineligible. This form must be accompanied by the Master Insurance Policy.

1.

Is the project new (less than 90% of the units sold) and the units attached?

☐ Yes ☐ No
2.

Does the project operation like a resort condominium, condotel, leasehold, or have a rental desk?

☐ Yes ☐ No
3.

Is the HOA under control of the Developer?

☐ Yes ☐ No
4.

Does any single entity, individual or group: a) if project is 5-20 units, own more than two units; or b) if project is more than 20 units, own more than 20% of the total units?

☐ Yes ☐ No
5.

Does project have any significant deferred maintenance that meets one or more of the following criteria:

☐ Yes ☐ No

a)

full or partial evacuation of the building for 7 or more days is required to complete repairs;

b)

project has deficiencies, defects, substantial damage, or deferred maintenance that

i)

is severe enough to affect safety, soundness, structural integrity, or habitability of improvements,

ii)

improvements need substantial repairs and rehabilitation, including many major components, or

iii)

impedes safe and sound functioning of one or more of the building’s major structural or mechanical elements, including but not limited to foundation, roof, load-bearing structures, electrical system, HVAC, or plumbing?
6.

Has a structural and/or mechanical inspection been completed in the past 3 years?

☐ Yes ☐ No

a)

If yes, please provide a copy of the inspection report
7.

Has the project failed to obtain an acceptable certificate of occupancy or pass local regulatory inspections or recertifications in the last 5 years?

☐ Yes ☐ No

a)

If yes, provide any applicable inspection, engineering, or other certification reports related to any issues
8.

Are the units, common areas, and recreational facilities of the project 100% complete with no additional phases to be built?

☐ Yes ☐ No
9.

Is the association subject to any lawsuits or litigation?

☐ Yes ☐ No

a)

If yes, please attach a copy of the Legal Complaint filed with the court.
10.

Is the project subject to any actions that would cause it to cease to exist (such as termination, deconversion, or dissolution of its legal structure)?

☐ Yes ☐ No
11.

Is the project subject to any voluntary or involuntary bankruptcy, insolvency, liquidation, receivership proceedings, or any substantially similar actions under state or federal law?

☐ Yes ☐ No
12.

Do the unit owners, through the HOA, have sole ownership interest in and full rights to use the project’s facilities and common areas?

☐ Yes ☐ No
13.

Does the project contain any commercial space?

☐ Yes ☐ No

a)

If yes, is the percentage greater than 25% of the project?

☐ Yes ☐ No
14.

Is the project a conversion?

☐ Yes ☐ No

a)

If yes, was the conversion a Gut Rehab with renovation down the shell with replacement of all HVAC & electrical components? Year Converted: _____

☐ Yes ☐ No
15.

Are there any special assessments ongoing or planned?

☐ Yes ☐ No

a)

If yes, reason for special assessments: _____
16.

Are any unit owner more than 60 days delinquent on special assessments?

☐ Yes ☐ No

a)

If yes, how many? _____

SOURCE OF INFORMATION: Acceptable sources of information include an officer of the condominium association or a qualified employee of the association’s management company.

Source Name

Source Title

Source Signature

Date Completed

Source Email Address

Source Phone Number

Association Website Address: _____