# Questionnaire – Page 1

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

**Homeowners' Association (HOA) 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 needs this information to determine the eligibility of the project for mortgage financing purposes. Complete and return this form to the lender listed below. Questions about this form should be directed to the lender contact.

|  |  |  |  |
| --- | --- | --- | --- |
| **Lender Name:** |  | **Lender Phone #:** |  |
| **Lender Contact:** |  | **Lender Fax #:** |  |
| **Lender Address:** |  | **Lender E-Mail:** |  |
| **Subject Unit Address** |  | | |

**Authorized HOA Designated Representative is required to complete the Questionnaire:**

|  |  |  |
| --- | --- | --- |
|  | Legal Name of Project (as per Declaration): |  |
|  | Project Physical Address: |  |
|  | HOA Name if different from project Legal Name: |  |
|  | HOA Tax ID #: |  |
|  | List any other Affiliated/Required Associations or Memberships for subject HOA or HOA Members – For example: Master Association, Community Association, Recreational or other Memberships: |  |
|  | HOA Management Company Name: |  |
|  | HOA Management Address: |  |
|  | HOA Assessments for Subject Unit. Indicate amount and Frequency. |  |

## General Eligibility

**Complete the Table Below**

|  |  |  |
| --- | --- | --- |
| # of Units | Entire Project | Subject Legal Phase |
| Total number of units |  |  |

**Answer the following questions:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Is the subject Unit Detached or Attached to another unit? (Enter Det or Att) | |  |
|  | Are any residential units Manufactured Homes? (Built on a Chassis and attached to a permanent foundation.) | |  |
|  | Is the HOA involved in any active or pending litigation? |  | |
| If yes, attach litigation documentation from the attorney or HOA. Provide attorney’s name and contact information:   |  |  | | --- | --- | | Attorney Name: |  | | Attorney Phone #: |  | |  | |

## Project Characteristics

**Answer Yes, No or N/A to each of the following questions:**

|  |  |  |
| --- | --- | --- |
|  | Is there a lease between the HOA and any third party for access to, or use of, any facilities by HOA members? |  |

## Project Maintenance / Local Compliance

**Answer the following questions as applicable:**

|  |  |  |
| --- | --- | --- |
|  | Does the project have a Reserve Study for the project completed within the past 3 years? |  |
| If yes, provide a complete copy of the report |
|  | Does the project current or scheduled evacuation order, either for partial or total evacuation of the project’s building(s)? |  |
| If yes, provide documentation to support the timing and reason for the evacuation. |
|  | Does the project have any OPEN state, county, or other jurisdictional inspections or certifications specific to Project Repairs? Any inspection which does not have final sign-off is considered open. A “must be completed by” future date is still considered open for project review purposes. |  |
| If yes, provide a complete copy of the Inspection. |
|  | Is the HOA aware of any mold, water intrusions or potentially damaging leaks to the project’s buildings? |  |
| If yes, provide details including specific buildings/units affected, inspection reports, cost to cure and plan for funding/completion. |
|  | Have any structural and/or mechanical inspections been completed within 3 years of Questionnaire Completion? |  |
| If yes, provide a copy of the inspection(s). |
|  | Is the HOA aware of any Environmental Hazards affecting the property? |  |

## Special Assessments

|  |  |  |
| --- | --- | --- |
| Special Assessments may be current or planned. Lenders must obtain and review the following information **for each special assessment** to determine if it addresses a critical repair: | | |
|  | Is the HOA currently collecting Special Assessments, OR has the Board Approved a future assessment? |  |
| **Provide the following information for EACH Assessment, current or planned:** | | |
|  | What is the purpose of the special assessment(s)? |  |
|  | When was the special assessment approved and is it planned (approved by the unit owners, but not yet initiated by the board) or already being executed, |  |
|  | What was the original amount of the special assessment and the remaining amount to be collected, and when is the expected date the special assessment will be paid in full? |  |
|  | What are the terms (amount/frequency/remaining term) for the subject unit? |  |
|  | How many unit owners are > 60 days past due for Special Assessment Payments? |  |

# Preparer Information

|  |  |
| --- | --- |
| Preparer’s Name: |  |
| Preparer’s Company Name |  |
| Preparer’s Telephone # and/or e-mail Address |  |
| Date Completed |  |

## Required Documentation in addition to Questionnaire

|  |  |
| --- | --- |
|  | Master Hazard Insurance Policy for the Project. |
|  | Documentation requested as a result of how question(s) answered. |