

CONDOMINIUM QUESTIONNAIRE-To be completed by HOA

Project Name: _____ Unit # _____ Tax ID # (TIN) _____
 Subject Property Address: _____ City _____ State _____ ZIP _____
 This project is legally classified as a (check one) : PUD CONDOMINIUM

SECTION 1: Completion and Sales Information

- 1 What is this units/projects HOA Fees? _____
- 2 What is the total number of units in the entire project? _____
- 3 What is the total number of units sold in the entire project? _____
- 4 How many total legal phases are in the project? _____
- 5 Is the project subject to any additional phasing or annexation? Yes No
- 6 Are all phases complete including facilities & common areas and limited common elements? Yes No
- 7 Describe any incomplete areas: _____
- 8 Are the unit Owner's in control of the Home Owner's Association? Yes No
- 9 Date the unit Owner's took control of the Home Owner's Association _____
- 10 Total number of units in the entire project that are occupied as a **PRIMARY RESIDENCE** (DO NOT INCLUDE 2nd HOMES) _____
- 11 Total number of units in the entire project that are occupied as a **SECOND HOMES** _____
- 12 Total number of units in the entire project that are **TENANT OCCUPIED** _____
- 13 Are any owners multiple unit owners? Yes No
- 14 If yes, provide complete breakdown of all multiple unit owners AND number of units owned by each in the space below.

SECTION 2: SUBJECT Phase (Complete ONLY if the project consists of GREATER than one phase)

- 15 Which phase # is the subject property or specific unit located in? _____
- 16 What is the total number of units in the SUBJECT's phase? _____
- 17 What is the total number of units sold in the SUBJECT's phase? _____
- 18 Total number of units in the SUBJECT's phase that are occupied as **PRIMARY RESIDENCE** (DO NOT INCLUDE 2nd HOMES) _____
- 19 Total number of units in the SUBJECT's phase that are occupied as **SECOND HOMES** _____
- 20 Total number of units in the SUBJECT's phase that are **TENANT OCCUPIED** _____

SECTION 3: Project Characteristics & Amenities

- 21 Does the subject allow short term rentals? Yes No
- 22 If yes, Does the project have on-site registration/Check-in Desk, cleaning/maid and or master telephone service(s)? Yes No
- 23 Is there manufactured housing, timeshare/segmented ownership, houseboat, or cooperative housing units in this project? Yes No
- 24 Does the project contain one or more units with less than 400 square feet of space? Yes No
- 25 What PERCENTAGE of the total square footage of the project is used for non-residential or commercial purposes? _____
- 26 Does the HOA own or operate any business located inside the project? Yes No
- 27 If yes, Describe business? _____
- 28 Do any unit owners hold title to multiple units that have been combined into a single living unit? Yes No
- 29 If yes, Were the project's governing documents amended to allocate unit assessments and real estate taxes as one single unit? Yes No
- 30 Is the project on leased land? If yes-please attach a copy of the executed lease agreement to this questionnaire Yes No
- 31 Are the units separately metered for electricity and gas? Yes No
- 32 If the units are NOT separately metered for utilities, are plans in place to install separate meters? Yes No
- 33 Do the unit owners have sole interest in & rights to the use of all recreational facilities, common areas & limited common elements? Yes No
- 34 If yes, Are these common facilities owned solely by the project's HOA and/or Master Association? Yes No
- 35 Is the project operating as a Continuing Care Community or Assisted Living Facility? Yes No
- 36 Are owners required to purchase mandatory memberships (golf, social or recreational facilities) owned by any outside party? Yes No
- 37 If yes, describe in detail below the financial obligation (Upfront and/or annual fees) associated with this mandatory membership.

SECTION 4: Legal/Financial Information

- 38 Provide the number of unit owners that are 60 days or more delinquent in their unit dues/assessments. _____
- 39 Is the HOA subject to current OR pending litigation with anyone for any reason (regardless of being named plaintiff or defendant)? Yes No
 If yes, describe in detail below (Include nature of litigation, dollar amount and if insurance carrier has been engaged).
 Please attach any available documentation regarding litigation):

- 40 Are any special assessments planned in the next year? Yes No
- 41 If yes, provide below purpose of special assessment and approximate dollar amount to be collected and available payment plans

- 42 Have there been any special assessments in the past 12 months? Yes No
- 43 If yes, describe in the space below the purpose of the special assessment along with the total dollar amount and the number of unit owners that have paid the assessment and how many unit owners' assessment remain unpaid.

- 44 Current amount in the replacement reserve account (NOT the operating account)? \$ _____

CONDOMINIUM QUESTIONNAIRE-To be completed by HOA

SECTION 4: Legal/Financial Information, continued		
45	Is the reserve account kept separately from the operating account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
46	Are dual signatures required for check writing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
47	Does any zoning regulation prohibit or restrict the reconstruction of the project if damaged or destroyed by fire or other casualty?	Yes <input type="checkbox"/> No <input type="checkbox"/>
48	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 <input type="checkbox"/> No <input type="checkbox"/>
49	If Yes, for how long is the mortgagee responsible for paying common expense assessments? Select one: <input type="checkbox"/> 1 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> more than 12 months	
SECTION 5: Insurance Information (PLEASE DO NOT ENTER "CONTACT AGENT")		
	Carrier or Agent Name _____ Carrier or Agent Phone Number _____	Policy #: _____
	Hazard _____	_____
	Liability _____	_____
	Fidelity _____	_____
	Flood _____	_____
48	Does the master HAZARD/DWELLING policy cover the interior of the units (including walls, flooring cabinetry)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
49	Does the master HAZARD/DWELLING policy cover BETTERMENTS & IMPROVEMENTS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
SECTION 6: Certification of Information. By signing below, you are certifying the above information is true and correct.		
	NAME/SIGNATURE OF AUTHORIZED HOA REPRESENTATIVE _____	
	DATE COMPLETED: _____ PH #: _____	