

# Condominium – Limited Review Questionnaire

## Project Information

Project Legal Name	Marketing Name		
HOA Name	HOA EIN #		
Project Address	City, State, & Zip Code		
County	Leasehold	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total Number of phases	Professionally Managed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total Number of Units	Total Number of Buildings		
Is the Project a conversion of existing buildings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prior Use:
Type of project	Attached	Detached	PUD    Mixed Use
Does the project belong to a master Association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## Status of Construction

How many of the units are sold and closed?		
Is construction of all units and amenities 100% complete?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the project subject to additional annexation or expansion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has control of the HOA been turned over to the unit owners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Project Characteristics

Does the Project allow short term rentals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the project contain any of the following?		
Hotel/Motel/Resort activities, mandatory or voluntary rental-pooling arrangements or other restrictions on the unit owner's ability to occupy the unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the condominium project currently licensed or registered with any entity as a hotel, motel, or resort?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deed restrictions other than Age Restricted Communities or affordable manufactured homes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the project have commercial space?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>If yes, what % of the total square footage is the commercial space</li> </ul>		
Does a single entity own greater than 20% of the total units?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>If yes, provide the name of the entity</li> <li>Provide the number of units owned</li> </ul>		
Does the HOA have a lien priority greater than 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>If yes, how many months</li> </ul>		
Are any of the units in the project subject to right of first refusal or resale restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the HOA a party to any litigation? <i>If yes, please provide filed complaint and attorney opinion letter.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there mandatory membership fees paid to the HOA or to a third party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do the unit owners have sole ownership in and right to use the project's facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

# Condominium – Limited Review Questionnaire

## Building Structural Integrity

Year building was originally built or was converted as a gut rehab conversion? \_\_\_\_\_

Has an engineer's report/inspection been completed within the last H years?

- If yes, provide a copy of the engineer's report

Yes ☐

No ☐

Have the unit owners been required to vacate or evacuate the building due to damage, unsafe conditions, or prolonged, extensive repair?

Yes ☐

No ☐

Has the Certificate of Occupancy been rescinded due to property damage and inability to occupy the unit?

Yes ☐

No ☐

## Special Assessments

Are there current or anticipated Special Assessments?

#

Yes ☐

No ☐

Á

What is the purpose of the Special Assessment?

What is the total amount of the Special Assessment?

What are the terms for repayment?

How many units are delinquent in any special assessments greater than 60 days?

## Insurance Contact

Insurance Agency

Insurance Agent

Contact Phone Number

Contact Email

Website:

The information provided is current and accurate to the best of my knowledge

HOA Contact

Signature

Contact Phone

Date

Company Name