

Project Information

Project Legal Name	Project Physical Address	City	State	Zip Code
HOA Name (if different from Project Legal Name)	HOA Management Address	City	State	Zip Code

2 Project Profile

1. Has control of the project been turned over to the HOA?
If Yes, indicate the date: _____ Yes No
2. Is the project 100% complete, including all units and common areas? Yes No
3. Is the subject legal phase 100% complete, including all units and common areas?
If No, describe any incomplete areas: _____ Yes No
4. Is the project a cooperative? Yes No
5. Is the project a condominium hotel? Yes No
6. Is the project a time share or segmented ownership? Yes No
7. Is the project a multi-dwelling unit condominium in which ownership of multiple units is evidenced by a single deed and mortgage? Yes No
8. Does the condominium represent a legal but nonconforming use of the land (if zoning regulations prohibit rebuilding to current density in the event of deconstruction)? Yes No
9. HOA dues for the subject property: \$ _____ Yes No
10. Does the project have co-insurance?
If Yes, what percentage? _____ %
Is there an agreed amount endorsement? Yes No Yes No
11. Does the project contain a blanket insurance policy that covers multiple unaffiliated condo associations or projects? Yes No
12. Does the project contain any mandatory fee based memberships?
If Yes, please provide details: _____ Yes No

3 Project Information

1. Are there any land use agreements or is the project subject to a leasehold (Ground Lease)?
If Yes, please provide Ground Lease for review. Yes No
2. Total number of phases: _____ Subject Property Phase #: _____
3. Total number of units: Entire Project: _____ Subject Phase: _____
4. Total number of units for sale: Entire Project: _____ Subject Phase: _____
5. Total number of units complete: Entire Project: _____ Subject Phase: _____
6. Total number of units sold: Entire Project: _____ Subject Phase: _____
7. Total number of units rented (Investor): Entire Project: _____ Subject Phase: _____
8. Total number of owner-occupied units:
(Primary Residences and Second Homes) Entire Project: _____ Subject Phase: _____
9. Does any single entity own more than 20% of the total units in the entire project? Yes No
10. Highest number of units owned by one entity: _____
11. Is any portion of the project designated for commercial use only?
If Yes, what percentage? _____ % Yes No

4 Property Use & Benefit Information

1. Does the project allow daily rentals?
If Yes, what percentage? _____ % Yes No
2. Does the project contain a rental desk? Yes No
3. Does the project participate in a mandatory rental pool? Yes No
4. Does the project provide food service? Yes No
5. Does the project provide daily housekeeping? Yes No
6. Does the project provide blackout dates restricting the owner's use? Yes No
7. Is the project the subject of current litigation?
If Yes, please provide a letter of explanation and a copy of the complaint(s). Yes No

5 Property Financial Information

1. What is the amount currently held in reserves for replacement or repair of major components? \$ _____
2. Total number of unit owners currently over 60 days past due with their monthly HOA fees: _____
3. Total dollar amount over 60 days past due: \$ _____
4. Are the taxes for the individual units included in HOA fees?
If Yes, projects in which the taxes are included in the HOA fees are ineligible. Yes No
5. Does the HOA budget provide for the funding of replacement reserves for capital expenditures and deferred maintenance that is at least 10% of the budget? Yes No

6 Building Safety, Structural Integrity and Special Assessments

1. Are there any known structural integrity or safety issues? Yes No
If Yes, have all repairs/replacements been completed? Yes No
If No, please detail what repairs/replacements remain to be completed:

2. Are there any special assessments unit owners are obligated to pay?
If Yes, please detail total assessment amount, terms and purpose: Yes No

7 Signature & Certification

I, the undersigned certify that to the best of my knowledge and belief, the information and statements contained on this form and any attachments are true and correct.

Signature_____
Date_____
Printed Name_____
Title_____
Phone Number