

The applicant listed below has applied for financing secured by the referenced cooperative shares. Please complete this form by answering all questions or indicating "Unknown" or "N/A" (Not Applicable). This form must be completed by either the management agent or a member of the cooperative board. Your cooperation in providing the requested information is appreciated.

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

## General Project Information

<p>1. Ownership Breakdown:</p> <p>_____ Total Number of Unsold/Sponsor-Owned Units <i>(or units owned by holders of unsold shares)</i></p> <p>_____ Total Number of Sold Units <i>(include Unsold units in contact to be sold)</i></p> <p><b>SOLD UNIT BREAKDOWN:</b></p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">Principle Residence</td> <td style="border-bottom: 1px solid black;">Second Home</td> <td style="border-bottom: 1px solid black;">Investor/Sublet</td> <td style="border-bottom: 1px solid black;">Co-op Corp. Owned</td> </tr> </table> <p>_____ Total Number of Units in Co-op Project</p>	Principle Residence	Second Home	Investor/Sublet	Co-op Corp. Owned	<p>2. Share Breakdown:</p> <p>_____ Total Shares in Project</p> <p>_____ Total Shares Subject Unit</p> <p>3. Proprietary Lease Expiration Date: _____ / _____ / _____</p>
Principle Residence	Second Home	Investor/Sublet	Co-op Corp. Owned		

  

4. Does any individual or entity, other than the sponsor, own more than 10% of the total units in the project?  Yes  NO
5. Is any space within the project designated for commercial/non-residential use?  
*If Yes, indicate the approximate percentage: \_\_\_\_\_*  Yes  NO
6. 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
7. How many shareholders are delinquent more than thirty (30) days on their maintenance fees? \_\_\_\_\_
8. Does the Co-op impose a Stock Transfer Tax (Flip Tax) upon the sale of units?  
*If Yes, what is the method of calculation or percent charged to the seller? \_\_\_\_\_*  Yes  NO
9. Is a Lender exempt from the Stock Transfer Tax (Flip Tax) if the Lender acquires a unit's share?  Yes  NO
10. Who controls the Cooperative Board?  Tenant-Shareholders  Sponsor    Until when? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
11. Date of the last Amendment filed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Amendment # \_\_\_\_\_
12. Does the Co-op receive any tax/assessment abatements?  
*If Yes, indicate type of abatement? Expiration: \_\_\_\_\_    Until when? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_*  Yes  NO
13. Are there any mechanic's liens filed against the subject property?  
*If Yes, indicate type of lien: \_\_\_\_\_*  Yes  NO
14. 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
12. Does the project contain and mandatory fee based memberships?  
*If Yes, please provide details: \_\_\_\_\_*  Yes  NO
15. Total current reserve funds: \$ \_\_\_\_\_
16. 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 not including any underlying mortgage (if applicable) and property tax expenses?  Yes  NO
17. Annual HOA dues for the subject unit excluding units portion of the underlying mortgage (if applicable) and building property tax expense \_\_\_\_\_.
18. Please provide the names and phone number for the following Co-op Board officials:  
  

Co-op Board President: _____	Phone Number: _____
Co-op Board President: _____	Phone Number: _____

## 2 Sponsor/Holder of Unsold Share Information

Sponsor Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

1. Total number of shares held by the Sponsor: \_\_\_\_\_
2. Sponsor's monthly rental income: \$ \_\_\_\_\_  
 Sponsor's monthly maintenance fees: \$ \_\_\_\_\_
3. Are the maintenance fees for Unsold shares current?  Yes  No  
 If No, indicate amount in arrears: \$ \_\_\_\_\_
4. Have there been assessments or reductions in reserves due to the Sponsor's failure to maintenance fees?  Yes  No  
 If Yes, indicate amount: \$ \_\_\_\_\_

## 3 Underlying Mortgage Information

Lender Name \_\_\_\_\_

1. Monthly Payment: \$ \_\_\_\_\_
2. Mortgage Balance: \$ \_\_\_\_\_
3. Maturity Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Interest Rate: \_\_\_\_\_  Fixed  Adjustable
5. If adjustable, what is the lifetime cap? \_\_\_\_\_
6. Date Obtained/Closed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
7. Have the interest rate or repayment terms of the underlying mortgage been modified or otherwise extended?  Yes  No  
 If Yes, please explain: \_\_\_\_\_
8. Are payments on the underlying mortgage current?  Yes  No  
 If No, indicate amount in arrears: \$ \_\_\_\_\_

## 4 Management Agent & Insurance Information

1. Is the project managed by a professional management company?  Yes  No

Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Co-op Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

2. Is the building covered for its replacement cost or maximum allowable coverage for hazard, liability and flood (if applicable) insurance coverage and fidelity bond coverage? Please attach copy of insurance certificate and schedule of coverages.  Yes  No

Company \_\_\_\_\_

Agent Name \_\_\_\_\_

Phone Number \_\_\_\_\_

3. Does the project have co-insurance?  Yes  No  
 If Yes, what percentage? \_\_\_\_\_ %
- And is there an agreed amount endorsement?  Yes  No

## 5 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?

Yes  No

*If Yes, please detail total assessment amount, terms and purpose:*

---

## 6 Signature & Certification

---

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number