



FULL CONDO PROJECT QUESTIONNAIRE

PLEASE COMPLETE ALL QUESTIONS

NOTE: A NEW COPY OF THIS CHECKLIST MUST BE DOWNLOADED FOR EACH INDIVIDUAL USE.

Project Name:	Click or tap here to enter text.	HOA Name:	Click or tap here to enter text.
Subject Address:	Click or tap here to enter text.	HOA Tax ID#:	Click or tap here to enter text.

1. Complete the following table. "Units for Sale" applies to units currently owned by the developer.

	Entire Project	Subject Phase
A.) Total # of Units	Click or tap here to enter text.	Click or tap here to enter text.
B.) # of Units for Sale	Click or tap here to enter text.	Click or tap here to enter text.
C.) # of Units Sold and Closed	Click or tap here to enter text.	Click or tap here to enter text.
D.) # Owner Occupied Units	Click or tap here to enter text.	Click or tap here to enter text.
E.) # Second Home Units	Click or tap here to enter text.	Click or tap here to enter text.
F.) # Investors-Owned Units	Click or tap here to enter text.	Click or tap here to enter text.
G.) # Developer-Owned Units	Click or tap here to enter text.	Click or tap here to enter text.
H.) # HOA-Owned Units	Click or tap here to enter text.	Click or tap here to enter text.

***Rows D-H above must equal the total number of units (Row A).**

- Is the project 100% complete, including construction or renovation of units, common elements, and shared amenities for all project phases? Yes No
- Has the developer transferred control of the HOA to the unit owners? Yes No
 - If yes, date transferred _____ If no, estimated date of transfer will occur _____
 - Monthly HOA dues range from \$ _____ to \$ _____
- Is the project a conversion? Yes No
 - If yes, what year was the conversion? _____
 - If yes, was it a full gut conversion (down to the studs)? Yes No
- What is the maximum number of units owned by a single entity? _____
 - If a single entity owns more than 20% of units, supply the following information:
 - Is the entity current on HOA dues? Yes No
 - If yes, is the subject unit one of the units owned by a single entity? Yes No
- Is the HOA involved in any active or pending litigation? Yes No
 - If yes, is the litigation relating to matters other than collection of outstanding HOA dues? Yes No
 - If yes, for all other matters, please supply a filed complaint with narrative detailing the current status of the suit.
- How many units are 60+ days delinquent on HOA dues? _____
 - Is the subject unit one of the delinquent units? Yes No
- Are there any adverse environmental factors affecting the project as a whole? Yes No
 - If yes, please explain _____
- Are there any restrictions on transferability of title that affect future sales (i.e., age restriction, right of first refusal, low/moderate income units)? Yes No
 - What restrictions apply? _____
 - If yes, is the subject unit impacted? Yes No
- For how many months is the lender liable for delinquent assessments in the event of foreclosure or deed-in-lieu of foreclosure?
 0-6 Months 7-12 months 12+ months



Last Reviewed: 06/10/2024



	Yes	No
11. Is the project on leased land? If yes, please provide the leasehold agreement.	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the HOA require payment of mandatory upfront and/or periodic membership fees to a third party?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the project have any hotel/motel/resort activities, mandatory or voluntary rental-pooling arrangements, or other restrictions on the unit owner's ability to occupy their unit?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the project subject to a master association?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do the unit owners have sole ownership interest and the right to use the project's amenities, facilities, and common areas?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the project contain Multi-Dwelling Unit Condos?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the project operate as a Continuing Care Community or Facility?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the project located on a contiguous parcel of land?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do legals allow for live/work units?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, is the live/work unit primarily residential?	<input type="checkbox"/>	<input type="checkbox"/>

20. Is any part of the project used for commercial/non-residential purposes? Yes No

 a. If yes, list the percentage and nature of the commercial space:

21. Is the HOA professionally managed? Yes No

 a. If yes, Managing Agent Name _____ Phone Number _____
 Address _____ City _____ Zip Code _____

22. Supply the project's insurance agent name and phone number:

 Name _____ Phone Number _____

FOR PROJECTS CONSISTING OF 21 OR MORE UNITS, ALL QUESTIONS BELOW MUST BE ANSWERED:

23. What is the balance of the reserve fund? (A current balance sheet can be supplied) \$ _____

	Yes	No
24. Does the bank send copies of monthly bank statements directly to the HOA AND the HOA maintain separate accounts for the operating and reserve fund?	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the management company maintain separate records and bank accounts for each HOA that uses its service AND the management company does not have authority to draw checks on, or transfer funds from, the HOA's reserve account?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are two HOA board members required to sign any check written on the reserve account?	<input type="checkbox"/>	<input type="checkbox"/>

Certification

This form was completed by the undersigned representative of the HOA to the best of his/her knowledge as of the date printed below:

Name: _____ Date: _____

Signature: _____ Title: _____

Company Name: _____ Phone #: _____

Email Address: _____

HOA Website: _____



CONDOMINIUM PROJECT QUESTIONNAIRE ADDENDUM

This addendum must be completed by an authorized representative of the HOA.

PROJECT INFORMATION

Project Name: _____

Project Address: _____

BUILDING SAFETY, SOUNDNESS, STRUCTURAL INTEGRITY, AND HABITABILITY

The questions below are NOT requesting HOA/Management Company to provide an independent evaluation of structural safety/soundness. Responses should be based on current knowledge of the project.

If answers are not provided to the questions below, please provide the most recent 6 months of meeting minutes or Reserve Study completed within the last 36 months.

1. Please provide the date (month/year) of the last Building inspection (not inspection of a single unit for sale) that was completed by a licensed architect, licensed engineer, or any other building inspector. _____
A COPY OF ANY BUILDING INSPECTION REPORTS COMPLETED WITHIN THE LAST 3 YEARS IS REQUIRED.
2. Does the project have any critical repairs or replacements that significantly impact the safety, soundness, structural integrity, or habitability of the project’s building, or the financial viability or marketability of the project? Yes No
 - a. If yes, have recommended repairs/replacements been completed? Yes No
3. Does the project have material deficiencies which, if left uncorrected, have the potential to result in or contribute to critical element or system failure within one year? Yes No
4. Has the project failed to pass state county or jurisdictional mandatory inspections or certifications specific to structural safety, soundness, or habitability Yes No
 - a. If yes, provide notice from the applicable jurisdictional entity.
5. Does the project contain any mold, water intrusion, or potentially damaging leaks? Yes No
6. Does the project contain any advanced physical deterioration? Yes No
7. Are there any unfunded repairs? (Unfunded is defined as the HOA does not currently have the funds in place either with a loan or a special assessment.) Yes No
 - a. If yes, what is the total cost of the unfunded repairs? \$ _____
8. Is the project subject to a partial or total evacuation order due to unsafe conditions that have not been remediated Yes No
9. Has the HOA had a reserve study completed on the project within the past 3 years? Yes No
10. Are there any current special assessments unit owners are obligated to pay? Yes No
 - a. If yes,
 - i. What is the total amount of the special assessment(s)? \$ _____
 - ii. Are the per unit payment terms of the special assessment Monthly , or Quarterly , or Annually
 - iii. What is the purpose of the special assessments? _____
 - iv. If for critical repairs, are the repairs complete? Yes No
 - v. How many units (if any) are 60+ days past due in special assessment payments? _____
 - vi. What is the special assessment balance for the subject unit? _____
 - Is it transferrable with the title? Yes No
11. Are there any planned special assessments within the next 12 months? Yes No
 - a. If yes,
 - i. What is the total amount of the planned special assessment(s)? \$ _____

