

Full Condo Review

Project Legal Name :

Master Association name (if applicable) :

Full property Address :

Phase # (if any) :

Section 1 : General Project Information

- | | | |
|---|------------------------|-----------------------|
| 1. Property rights | Fee simple | Lease hold |
| 2. Property type | Condo | PUD |
| 3. Unit type | Attached | Detached |
| 4. Project design type | Garden/low rise | Row/Townhouse |
| | Mid-rise (5-7 stories) | High rise (8+stories) |
| 5. Did control of the HOA has been transferred over to the unit owners? Yes, as of | | No |
| 6. Is the project 100% complete, including all construction or renovation of units, common elements, and shared amenities for all project phases? | | Yes No |

If No, complete below related questions:

- | | | |
|---|-----|----|
| 6a. When is the estimated complete date ? | | |
| 6b. Is the project legally phased? | Yes | No |
| 6c. Is the project subject to additional phasing or annexation? | Yes | No |
| 6d. How many total phases are planned for the project? | | |
| 6e. How many phases have been completed? | | |
| 6f. How many total units are planned for the project? | | |
| 6g. Are all planned amenities and common facilities fully complete? | Yes | No |

Section 2: Financial and legal information

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|--|-----|----|
| 7. Monthly HOA dues | | |
| 8. How many units are over 60 days delinquent in HOA fees or common charges? | | |
| 9. Is HOA currently involved in any active or pending litigation, mediation, or arbitration? | Yes | No |

If Yes, please provide a litigation disclosure describing 1) the nature of the claim 2) if the insurance company is defending the claim 3) estimated amount of the claim

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|--|-----|----|
| 10. Does the project permit a priority lien for unpaid common expenses in excess of 6 months (in excess of 12 months for Florida)? | Yes | No |
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Section 3: Project ownership information

11. Total # of buildings

12. Total # of units

13. Total # of units complete

14. Total # units sold or under contract for primary/2nd home

15. Total # units sold or under contract for investor

Total # of units owned by the HOA/Developer/Unsold

16a. How many are vacant and marketed for sale?

16b. How many are tenant occupied?

16c. How many are subject to non-eviction rent regulation codes?

11. Does any single person or entity other than HOA/Developer own more than one unit?	Yes	No
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If Yes, list name and # of units

17a. Are any entity is a non-profit held in affordable housing programs?	Yes	No
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18. Does the multi-dwelling project allow an owner to hold title to multiple units (or shares) with a single deed and mortgage (or share loan)?	Yes	No
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19. Any deed/resale restrictions that split ownership of property or curtail an owner's ability to utilize the property; including common interest apartments?	Yes	No
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Section 4 : Project characteristics & amenities

20. Do the unit owners have sole ownership and rights to use the project facilities and amenities?	Yes	No
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21. Are any of the project's facilities or amenities leased from a third party?	Yes	No
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22. Are the amenities subject to a recreational lease?	Yes	No
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If YES, provide copy of lease

23. Are the amenities subject to a recreational lease?	Yes	No
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24. Does project require mandatory fee-based membership for use of project amenities or services?	Yes	No
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25. Is any part of the project used for commercial/non-residential purposes? (excluding commercial parking) If Yes,	Yes	No
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25a. What is its % of total project square footage?

25b. What types of businesses use the space?

26. Does project provide any supportive or continuing care for seniors or for residents with disabilities?	Yes	No
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27. Is the project managed by a management company?	Yes	No
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28. Does each unit have its own heating and cooling system?	Yes	No
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29. Is the HOA receiving more than 10% of its budget for non-incident income?	Yes	No
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Section 5 : Condominium characteristics

30 . Does the project contain any of the following below?

30a. Hotel/motel/resort services (not limited to registration services, daily or short-term rentals, daily cleaning services, central telephone service or key systems, and restrictions on interior decorating?)	Yes	No
30b. Professionally managed by a hotel or resort management company that also facilitates short term rentals for unit owners or projects with management companies that are licensed as a hotel, motel, resort, or hospitality entity?	Yes	No
30c. Mandatory or voluntary rental pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit?	Yes	No
30d. Units typically sold furnished?	Yes	No
30e. Units that are less than 400 square feet, interior doors adjoining units, or mini kitchens?	Yes	No
30f. Restrictions on year-round occupancy (e.g., blackout dates, timeshares, or segmented ownership)?	Yes	No

Section 6 : Newly Converted or Rehabilitated Information

31. Is the project a conversion of an existing building? If Yes,	Yes	No
31a. When was the conversion completed?	Yes	No
31b. Was the conversion a Full-Gut (down to shell of structure, including replacement of all HVAC, plumbing and electrical components) or Non-Gut conversion?	Full-Gut	Non-Gut

*** If completed within the last 3 years, provide a copy of original conversion report ***

*** Non-Gut conversion requires PERS review * (Project Eligibility Review Source-Fannie)**

Section 7 : Building Safety, Structural Integrity, Soundness, or Habitability

32. When was the last building inspection by a professional (licensed architect, engineer) or Authority?

*** If the inspection was completed within 3 years, provide copy of the inspection report and most recent 6 months of HOA meeting minutes**

33. Did the last inspection find any significant deferred maintenance, substantial damage, defects or unsafe conditions? If Yes,	Yes	No
33a. What are the deficiencies or damages?		
33b. Has required repairs been completed?	Yes	No
34. Is the HOA aware of any significant deferred maintenance, substantial damage, defects or unsafe conditions that were not reported on the last inspection? If Yes.	Yes	No
34a. What are the deficiencies or damages?		
34b. Does HOA have a schedule for repair or replace?	Yes	No
34c. Is there a funding plan for repair or replacement?	Yes	No
35. Are there any outstanding violations of jurisdictional requirements (zoning ordinances, codes, etc.) at this time or expected in the future? If YES, please provide notice from the authority	Yes	No



36. Are there any current special assessments or future contemplated special assessments against unit owners? **If Yes,**

Yes No

- 36a. What is the total amount of the special assessment?
- 36b. What are the repayment terms of the special assessments?
- 36c. What is the purpose of the special assessments?

Section 8 : Master insurance

37. Does the Master Policy cover **(SELECT ONE):**

Bare Walls

Walls-In to Original plans&spec

Walls-In including
Betterments&Improvements

Insurance carrier :

Phone number :

Section 9 : Preparer & management company information

The undersigned confirms that, to the best of their knowledge and belief, all information and statements provided on this form and in any attached documents are accurate and correct. Furthermore, the undersigned asserts that they are authorized by the Homeowner's Association Board of Directors to submit this information on behalf of the Association.

Preparer's Name :

Title :

Company Name :

Company Address :

Email Address :

Phone number :

Preparer's signature :

Date completed :