

Limited/Streamline Review Condo Project Questionnaire

Project Legal Name: _____

Are the units in the project: Attached _____ or Detached _____ (please select one option)

1.

| The Total Project | | | |
|---------------------------|--|--|-------------------|
| # of Units in the Project | | | # of Units Rented |
| # of Units Sold & Closed | | | # of OOC Units |

Please Note

- Unit Sold is the number of units sold from the original developer
- Units Rented and OOC (owner occupied) Units should equal the number of units Sold
- Primary Residences and 2nd Homes are both considered "OOO" under current agency guidelines

2. Is the # of current/existing units different from the # of planned units in the project? **YES:** _____ **NO:** _____

3. Is the project subject to any further phasing or annexation? **YES** _____ **NO** _____

4. Is the project fully constructed, and all common areas completed? **YES:** _____ **NO:** _____

5. Unit Owners have been in control of the Condominium HOA since: **(M/D/Y)** _____/_____/_____
 Monthly HOA fee range: From \$ _____ to \$ _____

6. Does **any** single investor or entity own more than 1 unit in the project? **YES** _____ **NO** _____

If **YES**, please provide the maximum number of units owned by one entity (attach additional pages if needed):

7. Is the association involved in any pending litigation? **YES** _____ **NO** _____
 If **YES**, is the litigation regarding a matter **other than** HOA dues collections? **YES** _____ **NO** _____

If **YES** to both questions above, please provide a **copy of any information** regarding the litigation, from attorney or HOA including the full court filings/documents/records.

8. Is there any Commercial Space in the **Project**: **YES** _____ **NO** _____
 Does the **Building** our project is located in contain any commercial space: **YES** _____ **NO** _____

Provide Percentage % of Commercial Space in the Project OR the Building _____

Type of Commercial Space: _____

Does the HOA Own or Operate any Business in the Commercial Space? **YES** _____ **NO** _____

9. Do the project legal documents include any restrictions that would limit the transferability of title (age restrictions, affordable housing or income restricted dwellings, right of first refusal)

- Impacting **ANY** dwelling in the project)? **YES** _____ **NO** _____
- If **YES**, is our **dwelling** impacted/restricted? **YES** _____ **NO** _____

If **YES** to either question above, please note type of deed restriction/limitation

10. If a unit is taken over in foreclosure or deed-in-lieu of foreclosure, is the mortgagee (lender) responsible for any delinquent HOA dues that accrued prior to acquisition? **YES** _____ **NO** _____
If **YES**, How many months: _____
If the amount is **more than 6 months**, is this amount compliant with all applicable state and local laws?
YES _____ **NO** _____

11. Are there any known adverse environmental factors affecting the project as a whole?
YES _____ **NO** _____

12. Is the project on leased land? (if **YES**, provide copy of lease) **YES** _____ **NO** _____

13. Do the unit owners have sole ownership interest in, and rights to the use of, the project's facilities, common elements, and limited common elements? (if **NO**, provide copy of lease) **YES** _____ **NO** _____

14. Does the project allow short term rentals (less than 30 days) **YES** _____ **NO** _____

If **YES** to the above question please answer the following-

Does the Project have onsite registration, check in, or maid services? **YES** _____ **NO** _____

Does the HOA/Mgmt company place any restrictions on when the unit owner can occupy the property? (such as a mandatory rental pool) **YES** _____ **NO** _____

15. Is the project professionally managed? **YES** _____ **NO** _____ (If **YES** complete below)

Name of Mgmt Company: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

16. Does the Master Insurance Policy Provide "All In" or "Walls In" coverage for the interior of the units?
YES _____ **NO** _____

If "YES"--- does it also include coverage for any "improvements and betterments" inside the unit?
YES _____ **NO** _____

For Informational Purposes Only:

Insurance Agent (for master policy): _____

Phone #: _____ Or Email: _____

CERTIFICATION

The undersigned certifies that the information provided is true to the best of his/her knowledge.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Email Address: _____ Phone Number: _____

HOA Website (if applicable): _____

****Please note** this questionnaire must be completed by an officer of the condominium homeowners association or authorized management company representative for the subject condominium project.**