



## Homeowner's Association Certification Full Review

(TO BE COMPLETED BY HOA OR MANAGING AGENT)

Borrower Name:	Loan #:	Date:
Project Name:		
Address / City / State / Zip code:		

### Project and Unit Information

<b>1. Project is :</b> Condo _____ PUD _____	<b>2. Unit is:</b> Attached _____ Detached _____	<b>3. Units are:</b> Fee Simple _____ Leasehold _____	<b>4. Unit owners in control of HOA</b> Yes _____, as of _____ / _____ (MM/YYYY) No _____
<b>5. Are all unit's construction complete?</b> _____ Yes, year built _____ _____ No, est completion date: _____		<b>5a. Are all common elements and amenities complete?</b> _____ Yes _____ No, incomplete items: _____	
<b>6. Is the project a legally phased project?</b> _____ Yes, # of phased planned: _____ _____ No		<b>6a. If yes, is the project subject to additional phasing/annexation/add-ons?</b> _____ Yes, please complete New Construction/Conversion box below _____ No	

	Entire Project	Subject Phase
7. Total # buildings in project	_____	_____
8. Total # units in project	_____	_____
9. Total # units, primary/2 <sup>nd</sup> home, closed	_____	_____
10. Total # units, primary/2 <sup>nd</sup> home, under contract, not closed	_____	_____
11. Total # units, investor/sublet, closed	_____	_____
12. Total # units, investor/sublet, under contract, not closed	_____	_____
13. Total # units developer/sponsor owned, unsold	_____	_____
14. Project design type: Garden/Low-rise _____ Row/Townhouse _____ Mid/rise (5-7 stories) _____ High-rise (8+ stories) _____		
15. Predominant building type: Attached _____ Detached _____		

### Please mark Yes or No to the following questions & explain if needed.

	YES	NO
16. Is project part of a "Master" or Umbrella" Association? If YES, please list the name of the Master Association: _____	_____	_____
17. Does any single entity, or individual or group own more than 10% of the total units? If YES, please list name and # of units: _____	_____	_____
18. Project with 10 units or less, does any single entity, individual or group own more than 1 unit? If YES, please list name and # of units: _____	_____	_____
19. Does project/building contain commercial/non-residential space? If YES, % of total square footage: _____%, purchase of space: _____	_____	_____
20. Are any non-incidental business units owned or operated by the HOA (e.g., restaurant, spa, health club, etc.)? If Yes, the non-incidental business is _____	_____	_____
21. Are any units subject to Affordable Housing or Age Restrictions? If YES, list restrictions an unit #s: _____	_____	_____
22. Is the lender liable for delinquent common charges if the unit is foreclosed on OR prior to the lender acquiring the property? If YES, lender is responsible for _____ months.	_____	_____
23. Do unit owners have sole ownership & exclusive right to project facilities?	_____	_____
24. Are any project facilities (parking, recreation facilities) leased to the HOA?	_____	_____
25. Does the project consist of manufactured housing units?	_____	_____
26. Is the HOA party to any current or pending litigation (excluding foreclosure or collection actions)? If YES, provide written details separately.	_____	_____

YES NO

27. Are any units less than 400 square feet? \_\_\_\_\_
28. Are any of the units used for "live-work" (e.g., the unit owner lives in a loft area and runs a business on the ground floor)? \_\_\_\_\_
29. Is the project a Continuing Care Retirement Community or Life Care Facility where residents sign long-term contracts for housing, medical, assisted-living, and other services? \_\_\_\_\_
30. Is the project a condotel (Does the project include registration services & offer rentals on a short term basis? Does the project have a website that presents itself as a hotel, resort, inn, motel, lodge, or other hospitality entity? Are amenities such as food, phone, or daily cleaning services offered? \_\_\_\_\_
31. Number of units that are over 60 days delinquent in common charges/HOA fees. \_\_\_\_\_ Total amount delinquent \$ \_\_\_\_\_
32. Monthly HOA Dues: \$ \_\_\_\_\_ / per month

*New Construction or Conversion Projects ONLY -- Subject Legal Phase Information	
New Construction OR	**Conversion, date converted: _____/_____/_____(MM/YYYY)
Building #'s for phase: _____	
_____ Total # units in phase	**If Conversion, was there a complete gut and rehab of all the building mechanicals and interior components?
_____ Total # units, primary/2nd home, closed	Yes
_____ Total # units, primary/2nd home, under contract, not closed	No
_____ Total # units, investor/sublet, closed	
_____ Total # units, investor/sublet, under contract, not closed	
_____ Total # units developer/sponsor owned, unsold	
_____ Total # units substantially complete (all the units in the building are complete, subject to the installation of buyer selection items, such as appliances)	

#### Insurance Information

33. Insurance Carrier: \_\_\_\_\_ Agent Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_
34. Does the HOA Property Insurance (Hazard, Building) cover the interior fixtures of the units, including walls, cabinetry, flooring, appliances etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

#### HOA Management Information

35. Is the HOA professionally managed?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide name & contact information for the management company

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Certification

The undersigned hereby certifies the information and statements contained on this form and any attachments are true and correct, to the best of their knowledge and belief. The undersigned further certifies they are authorized by the Homeowner's Association Board of Directors to provide these information on behalf of the Association.

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_