

Condominium Project Questionnaire – Full Form

Instructions

Lender: Complete the first table below and enter the date on which the form should be returned to you.

Homeowners' Association (HOA) or Management Company: This form has been sent to you on behalf of an individual seeking mortgage financing to purchase or refinance a unit in this project. The mortgage lender needs this information to determine the eligibility of the project for mortgage financing purposes. Complete and return this form by _____ (enter date) to the lender listed below. Questions about this form should be directed to the lender contact.

| | | | |
|-----------------------|--|-----------------------------|--|
| Lender Name | | Lender Phone Number | |
| Contact Name | | Lender Fax Number | |
| Lender Address | | Lender Email Address | |

I: Basic Project Information

| | | |
|---|---|--|
| 1 | Project Legal Name | |
| 2 | Project Physical Address | |
| 3 | HOA Management Address | |
| 4 | HOA Name <i>(if different from Project Legal Name)</i> | |
| 5 | HOA Tax ID # | |
| 6 | HOA Management Company Tax ID # | |
| 7 | Name of Master or Umbrella Association <i>(if applicable)</i> | |
| 8 | Does the project contain any of the following <i>(check all that apply)</i> : | |
| a | <input type="checkbox"/> | Hotel/motel/resort activities, mandatory or voluntary rental- pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit |
| b | <input type="checkbox"/> | Deed or resale restrictions |
| c | <input type="checkbox"/> | Manufactured homes |
| d | <input type="checkbox"/> | Mandatory fee-based memberships for use of project amenities or services |
| e | <input type="checkbox"/> | Non-incidental income from business operations |
| f | <input type="checkbox"/> | Supportive or continuing care for seniors or for residents with disabilities |