

The power of yes.

## QM Limited Review Condominium Questionnaire

(FNMA/FHLMC/Jumbo Only)

Borrower's Name:

Loan Number:

### I. Basic Project Information

- 1. Project Legal Name:
- 2. Project Physical Address:
- 3. Subject unit number:
- 4. Project Phase:
- 5. Regular Monthly HOA Dues (per unit):
- 6. HOA Management Address:
- 7. HOA name (if different from Project Legal Name):
- 8. HOA TAX ID number:
- 9. HOA Management Company Tax ID number:
- 10. Name of Master Umbrella Association (if applicable):
- 11. Year Project 100% Complete:
- 12. Year HOA Control Turned Over to Unit Owners:

13. Does the project have characteristics such as condo hotel or motel, timeshare, segmented ownership, mandatory fees for the use of recreational amenities?

13.1. If Yes, please specify:

14. Please answer all of the following: <i>"N/A", "unknown," and value ranges/estimates are not acceptable.</i>	Subject Phase	Entire Project
Total number of units:		
Number of residential units:		

15. Is more than 35% of the total square footage of the project used for non-residential use?      YES      NO

16. Does any single entity own more than one unit?      YES      NO

16.1. If yes, list how many units each owns:

17. Are there any current evacuation orders for repairs/replacements being completed? If yes - describe

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**II. Building Safety, Soundness, Structural Integrity, and Habitability**

18. Are there any plans for repairs or maintenance that would require full or partial evacuation of any building(s) in the project to complete them?

18.1. If yes, explain reason and duration:

19. In the last three years, has the project been subject to any local/state/federal structural and/or mechanical inspection requirements related to the safety, structural integrity, or habitability of the project?	YES	NO
19.1. If Yes, has the required inspection been completed?	YES	NO
19.2. What type of inspection was required?		
19.3. Provide the inspection report.		
19.4. Have the recommended repairs/replacements been completed?		
If the repairs/replacements have not been completed, please answer below:		
19.5. What repairs/replacements remain to be completed?		
19.6. When will the repairs/replacements be completed?		

20. Are there any deficiencies related to the safety, soundness, structural integrity, or habitability of the subject's building(s)?

- 20.1. If yes, what are the deficiencies?
- 20.2. Of these deficiencies, what repairs/replacements remain to be completed?
- 20.3. Of these deficiencies, when will the repairs/replacements be completed?
- 20.4. Does the project have an acceptable Certificate of Occupancy and/or has the project passed local regulatory inspections or re-certifications?  
(Provide documentation if applicable):

21. Are there any scheduled repairs or maintenance over \$3,000 per unit that are not fully funded/budgeted?
21.1. If yes, provide further explanation and amount of repairs/maintenance:
21.2. If yes, will this be undertaken within the next 12 months?
21.3. If yes, how much is currently set aside in the reserves for the repairs?

22. What is the total of the current reserve account balance(s)?

23. Are there any outstanding violations of federal, state, or local requirements (zoning ordinances, codes, certificate of occupancy, etc.) related to the safety, soundness, structural integrity, or habitability of the project's building(s)?	YES	NO
23.1. If Yes, describe detail:		
23.2. Provide notice from the applicable jurisdictional entity.		

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24. Does the project have any current or planned special assessments?  YES  NO

If Yes, complete and provide the information below.

24.1. Reason for special assessment:

24.2. Total amount assessed and payment terms, the remaining balance, the unit owner's monthly obligation, and the expected date the assessment will be paid in full (if the repairs are needed, provide the associated total cost of repay):

24.3. Is the assessment approved? Is it planned or already being executed?

24.4. How many unit owners are 60 or more days delinquent on current special assessments?

24.5. Provide Most recent financial statements.

24.6. Provide Income statement or similar documentation, dated within 90 days, to show the amount collected year-to-date.

25. Is the HOA involved in any active or pending litigation?  YES  NO  
25.1. If Yes, provide an explanation:  
25.2. Attorney Name:  
25.3. Attorney Phone Number:

26. Supply insurance information requested below:

Insurance type	Carrier/Agent Name	Phone #	Policy #
Hazard			
Liability			
Fidelity			
Flood			

**Contact Information**

Name of Preparer: Title of Preparer:  
Preparer's Email: Preparer's Phone:  
Preparer's Company Name: Date Completed: