



Limited Project Review HOA Certification

Project Legal Name: _____

Project Physical Address: _____

HOA Management Address: _____

HOA Name: _____
(if different from Project Legal Name)

HOA Tax ID #: _____ HOA Management Company Tax ID #: _____

Name of Master or Umbrella Association: _____
(if applicable)

In an effort to meet secondary market requirements for mortgage loan approval, we request that an authorized representative from the Homeowner’s Association or Management Company complete and certify the following:

- | | | | |
|-----|---|-----|----|
| 1. | Is all phasing and annexation for the entire project complete?
<i>(If no, please attach a detailed explanation)</i> | Yes | No |
| 2. | Is all construction 100% complete for project, including common areas and facilities? | Yes | No |
| 3. | Is subject’s legal phase complete, including common areas and facilities? | Yes | No |
| 4. | Is legal use of subject property conforming to zoning regulations? | Yes | No |
| 5. | Is project a Condo Hotel (reservation desk, central phone system, lock-out units, daily maid service ect)? | Yes | No |
| 6. | Is project a timeshare? | Yes | No |
| 7. | Does any one individual/entity own more than 20% of total units? | Yes | No |
| 8. | Is more than 35% of total space used for nonresidential purposes? | Yes | No |
| 9. | Has control of HOA been turned over to unit owners? | Yes | No |
| 10. | Does the HOA actively market rentals in the project? | Yes | No |
| 11. | Does the HOA profit from the rental of units in the project? | Yes | No |
| 12. | Does the HOA have a web site dedicated to the project?
<i>(If yes, what’s the site address?_____)</i> | Yes | No |
| 13. | Is the project named a party to pending litigation?
Does the litigation relate to the safety, structural soundness, habitability, or functional use of the project?
If yes, please attach a detailed explanation. | Yes | No |
| 14. | Are the first mortgage lenders exempt from the payment of HOA dues prior to foreclosure?
If no, how many months_____ | Yes | No |
| 15. | Total number of units? _____ | | |
| 16. | Amount of Monthly HOA Dues: _____ | | |
| 17. | Number of owners 60 or more days delinquent on common expense assessment_____ | | |

18. Please provide name of Insurance Provider.

Telephone number _____

Please attach a copy of:

Master insurance policy:

- **Liability (\$1 mill.)**

- **Property Coverage**

- **Fidelity [Projects > 20unit]**

- **Flood [if applicable]**

I certify that the information provided above is true and correct to the best of my knowledge.

Signature _____ Telephone Number _____

Name & Title _____ E-mail _____

Company Name _____ Date _____