



## FHA Condo Questionnaire Limited Review

Date:	Loan No.:	Borrower(s):
Project Name:		Phase # (if applicable):
Project Street Address:		City:
State:	Zip Code:	County:
Name of Association / Management Company:		Phone Number:

Please have project management contact answer all questions, sign, and date this form. Your timely response is appreciated.

### Project Profile (to be completed by HOA or Management Company)

Year Built	Monthly HOA Dues	Total Units in Project	Primary/Second Home Units	Investor Units	Retained by Developer	
Yes	No	Are all common elements and amenities completed, including those that are part of any master association?				
Yes	No	Is the project complete and not subject to additional phasing?				
Yes	No	Does the project include 2-4 family residences secured by one mortgage?				
Yes	No	Does the project provide for hotel type services? (e.g., On-site registration desk, room service, HOA provided maid service, etc.)				
Yes	No	Does the project provide for mandatory rental pool agreements? (e.g., Agreements that require the unit owners to rent their unit or give management firm control over the occupancy of the unit)				
Yes	No	Is the project/association part of any type of pending or current litigation?				
Yes	No	Is the project a timeshare?				
Yes	No	Is the project a conversion? If yes, was it a full-gut rehabilitation?			Yes	No
Yes	No	When did the conversion occur?				
Yes	No	Is more than 25% of the total project space used for nonresidential purposes?				
Yes	No	Does any one person own more than 10% of the total project?				
What percentage of units are more than 1-month delinquent on HOA dues?					or # of units	
Provide master insurance carrier name and phone number.						
Insurer:			Phone Number:			

### Contact and Signature (to be completed by HOA or Management Company)

Company   Contact   Title		
Phone #:	Fax:	Email:

By signing below, I certify that the information on this form is true and correct to the best of my knowledge.

Signature

Date