

PLEASE COMPLETE ALL QUESTIONS BELOW:



TPO FULL CONDO PROJECT QUESTIONNAIRE

| Subject Address: HOA Tax ID#: | Divis | Doctor Nove | LICANI | | | |
|--|-------|---|-------------------------------|--|--|--|
| 1. Complete the following table. "Units for Sale" applies to units currently owned by the developer. Entire Project Subject Phase | | Project Name: | | | | |
| A.) Total # of Units B.) # of Units for Sale C.) # of Units Sold and Closed D.) # Owner Occupied Units E.) # Second Home Units F.) # Investors-Owned Units G.) # Developer-Owned Units H.) # HOA-Owned Units **Rows D-H above must equal the total number of units (Row A). 2. Is the project 100% complete, including construction or renovation of units, common elements, and shared amenities for all project phases? Yes \(\text{No} \) No \(\) 3. Has the developer transferred control of the HOA to the unit owners? Yes \(\text{No} \) \(\) b. Monthly HOA dues range from \$\(\text{Loss} \) to \$\(\text{Loss} \) c. If yes, what year was the conversion? \(\text{Loss} \) to \$\(\text{Loss} \) b. If yes, was it a full gut conversion (down to the studs)? Yes \(\text{No} \) \(\text{Loss} \) i. If yes, is the entity current on HOA dues? Yes \(\text{No} \) \(\text{Loss} \) 6. Is the HOA involved in any active or pending litigation? Yes \(\text{No} \) \(\text{Loss} \) i. If yes, for all other matters, please supply a filed complaint with narrative detailing the current status of the suit. | | | | | | |
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| | 7 | | | iarrative detailing the current status of the suit. | | |
| | 7. | a. Is the subject unit one of the delinquent unit | | | | |
| 8. Are there any adverse environmental factors affecting the project as a whole? Yes □ No □ | 0 | · | | /os □ No □ | | |
| a. If yes, please explain | Ο. | | g the project as a whole? | es 🗆 NO 🗀 | | |
| If yes, please explain Are there any restrictions on transferability of title that affect future sales (i.e., age restriction, right of first refusal, | O | , , , | at affect future sales (i.e. | ago restriction, right of first refusal | | |
| low/moderate income units)? Yes □ No □ | 7. | - | at affect future sales (I.e., | age restriction, right of filst felusal, | | |
| a. What restrictions apply? | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | |
| b. If yes, is the subject unit impacted? Yes \(\sigma \) No \(\sigma \) | 10 | | | ant of forcelecure or dood in liqu of forcelecure? | | |
| 10. For how many months is the lender liable for delinquent assessments in the event of foreclosure or deed-in-lieu of foreclosure □ 0-6 Months □ 7-12 months □ 12+ months | IU. | · · · · · · · · · · · · · · · · · · · | ent assessments in the eve | ent of foreclosure of deed-in-lied of foreclosure? | | |



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| M | OR | TG | AC | iE |

| | Yes | No | |
|--|-----|----|--|
| 11. Is the project on leased land? If yes, please provide the leasehold agreement. | | | |
| 12. Does the HOA require payment of mandatory upfront and/or periodic membership fees to a third party? | | | |
| 13. Does the project have any hotel/motel/resort activities, mandatory or voluntary rental-pooling arrangements, or other restrictions on the unit owner's ability to occupy their unit? | | | |
| 14. Is the project subject to a master association? | | | |
| 15. Do the unit owners have sole ownership interest and the right to use the project's amenities, facilities, and common areas? | | | |
| 16. Does the project contain Multi-Dwelling Unit Condos (single legal individual UNIT that has been divided into multiple residential units and has one deed/one mortgage)? | | | |
| 17. Does the project operate as a Continuing Care Community or Facility? | | | |
| 18. Is the project located on a contiguous parcel of land (land that is directly next to another piece of land, sharing a common boundary line, essentially meaning they are touching or adjoining each other)? | | | |
| 19. Do legals allow for live/work units (permitting individual residential unit owners to operate and run a small business from their residential unit)? | | | |
| 19.a. If yes, is the live/work unit primarily residential? | | | |
| 19.a.i. If yes, does the project comply with all applicable local zoning, program, or statutory requirements for live-work projects? | | | |
| 20. Is any part of the project used for commercial/non-residential purposes? Yes □ No □ a. If yes, list the percentage and nature of the commercial space: 21. Is the HOA professionally managed? Yes □ No □ | | | |
| a. If yes, Managing Agent NamePhone NumberZip Code | | | |
| 22. Supply the project's insurance agent name and phone number: NamePhone Number | | | |
| R PROJECTS CONSISTING OF 21 OR MORE UNITS, ALL QUESTIONS BELOW MUST BE ANSWERED | : | | |
| 23. What is the balance of the reserve fund? (A current balance sheet can be supplied) \$ | | | |
| | Yes | No | |
| 24. Does the bank send copies of monthly bank statements directly to the HOA AND the HOA maintain separate accounts for the operating and reserve fund? | | | |
| 25. Does the management company maintain separate records and bank accounts for each HOA that uses its service AND the management company does not have authority to draw checks on, or transfer funds from, the HOA's reserve account? | | | |

26. Are two HOA board members required to sign any check written on the reserve account?





BUILDING SAFETY, SOUNDNESS, STRUCTURAL INTEGRITY, AND HABITABILITY

| • | | OT requesting HOA/Management Company to provide an independent evaluation of structural es should be based on current knowledge of the project. |
|--|---|---|
| 27. | a. A date mub. This ques A COPY OF ANY BI If yes or no answer- The most recent | date (month/year) of the last Building inspection that was completed by a licensed architect, or any other building inspector. Lest be entered unknown. "NA" responses cannot be accepted. Ition is not referring to an inspection of a single unit for sale UILDING INSPECTION REPORTS COMPLETED WITHIN THE LAST 3 YEARS IS REQUIRED. It is are not provided to questions 28-37 below, please provide: 6 months of meeting minutes, OR It is a month to be accepted. |
| 28. | • • | ave any critical repairs or replacements that significantly impact the safety, soundness, structural integrity, or project's building, or the financial viability or marketability of the project? Yes \square No \square |
| 29. | Does the project h | we recommended repairs/replacements been completed? Yes \square No \square ave material deficiencies which, if left uncorrected, have the potential to result in or contribute to critical a failure within one year? Yes \square No \square |
| 30. | Has the project fail soundness, or hab | led to pass state county or jurisdictional mandatory inspections or certifications specific to structural safety, itability Yes \square No \square ovide notice from the applicable jurisdictional entity. |
| 31. | Does the project c | ontain any mold, water intrusion, or potentially damaging leaks? Yes □ No □ |
| 32. Does the project contain any advanced physical deterioration? Yes □ No □. If yes, please describe: | | |
| assessment.) Yes □ No □ | | unded repairs? (Unfunded: HOA does not currently have the funds in place either with a loan or a special |
| | c. If yes, wh | at is the total cost of the unfunded repairs? \$ |
| 34. | Is the project subje □ | ect to a partial or total evacuation order due to unsafe conditions that have not been remediated? Yes \square No |
| 35. | Has the HOA had a | reserve study completed on the project within the past 3 years? Yes \square No \square |
| 36. | Are there any curr | ent special assessments unit owners are obligated to pay? Yes \square No \square |
| | d. If yes, | |
| | i. | What is the total amount of the special assessment(s)? \$ |
| | ii. | Are the per unit payment terms of the special assessment Monthly \Box , or Quarterly \Box , or Annually \Box |
| | iii. | What is the purpose of the special assessments? |
| | iv. | Is the special assessment for critical repairs? Yes \square No \square |
| | | a. If yes, are the repairs complete? Yes \square No \square |
| | V. | How many units (if any) are 60+ days past due in special assessment payments? |
| | vi. | What is the special assessment balance for the subject unit? |
| 0.7 | • | Is it transferrable with the title? Yes □ No □ |
| 37. | , | ent plans for special assessments within the next 12 months? Yes □ No □ |
| | e. If yes, | |
| | i. | What is the total amount of the planned special assessment(s)? \$ |
| | ii. | What are the per unit payment terms of the special assessment: Monthly □, or Quarterly □, or Annually □ |
| | iii. | What is the purpose of the special assessments? |
| | iv. | Is the upcoming special assessment for critical repairs? Yes □ No □ |
| | i. | If yes, are the critical repairs already completed? Yes \square No \square |



UNIONHOME MORTGAGE

| 38. Has t | the HOA obtained any loans to finance improvements or deferred maintenance? Yes \Box N | o 🗆 |
|-----------------|--|---------------|
| f | f. Please specify the repair/improvement items the loan was secured for: | |
| (| g. Are any residents expected to be displaced as a result of the repair/improvement iter | n? Yes □ No □ |
| ŀ | h. What is the amount borrowed? \$ | |
| i | i. What are the terms of repayment? | |
| j | j. Have the repairs been completed and remediated the problem? | - |
| Additional Co | mments: | |
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| Contact Inforr | mation: | |
| | | |
| Name of Prep | arer: | |
| Title of Prepar | rer: | |
| Preparer's Ph | one: | |
| Preparer's Em | nail Address: | |
| Preparer's Co | mpany Name: | |
| Preparer's Co | mpany Address: | |
| Date Complet | red: | |